

THE AMERICAN JOURNAL OF NURSING

VOL. XXV

MAY, 1925

No. 5

THE SPIRIT OF THE ALUMNAE ASSOCIATION¹

BY JULIA C. STIMSON, R.N.

IN LOOKING over the constitutions of various prominent alumnae associations of schools of nursing and other educational institutions, and various articles on the subject, I find that there are a few general principles about our professional organizations that might profitably be briefly reviewed, before calling attention to a phase of usefulness which apparently has not been greatly emphasized.

Alumnae associations are connecting links between the schools and the profession, standing sponsor as they do for the young graduate whom the school has selected, trained, and it is hoped, inspired. They are the foundations of all other nursing organizations, district, state and national, and in consequence vigorous and up-to-date alumnae groups mean vigorous district, state, and national bodies. It is, of course, equally true, too, going

a little further back, that upon the character and ability of the individual rest the value, the honor and universal recognition of the organization and of our alumnae as a whole.

WE ARE each of us concerned about the profession of nursing. We want to see its standards higher, its progress greater, its position more assured, its leaders more powerful. Our national organizations are doing everything in their power to accomplish these ends. But since the basis of these groups is the alumnae association, and the basis of the alumnae association is the individual nurse, where should the attack be aimed—for more strength, more character, more personality, more spiritual power—except upon ourselves, the individual units of our alumnae associations?

The reorganization of the American Nurses' Association a few years ago gave the alumnae association for the first time its proper relation to the national association and placed upon it the greatest responsibility of all—that of the decision as to the individuals who shall compose the organization, establishing the standards for membership as to professional honor and general morale. It can

even be said that in this connection the alumnae association may have to correct the mistakes the school has made. Only by associating ourselves together do we advance the standing and power for good of the body of workers, and maintain the honor and dignity of the profession, and only by so doing can we really know the problems of our

¹ Address given at an Institute of the Maryland State Association, Baltimore, Jan., 1925.

fellow-workers, or find a way of imposing needful restraint on the egotistic, self-assertive members, or help to keep the weak and unstable in line.

The objects and opportunities before us are numerous and diversified. They may be enumerated as follows:

To promote the interests of the school. (The Alumnae Association of Vassar College makes this its first object.)

Internal.—To maintain among the graduates a spirit of fellowship and service.

To work hard for the good of the school and to uphold the influence of the superintendent.

To educate new graduates to their responsibility as members of the profession.

To provide concerted action in preparing young graduate nurses for the duties of the association (with particular thought to responsibility for the ideals, viewpoint and general behavior of the student nurse on graduation.)

External.—To keep in touch with other members of the profession.

To maintain close contact with other schools and hospitals.

Spiritual.—To make an effort to keep alive certain ideals which the stress of a busy professional life has a tendency to obscure.

To uphold a code of ethics.

Social.—To foster social life and provide recreation and freshness of thought.

To keep alive school friendships.

To promote unity among the graduates of the school.

Legislative and Relieving.—To furnish a share of funds and workers for obtaining better laws governing the profession.

In some cases to provide sick benefits or furnish and maintain an endowed room for graduates who are members in good standing.

To work toward an endowment of the school, to furnish financial support for various national causes, memorials, etc.

Professional.—To help raise the standards of nursing.

To study new methods, etc.

To foster postgraduate courses.

To subscribe to and read professional magazines.

To study new methods in medicine, surgery,

and social service, and to encourage higher education both for pupils and for graduate nurses.

Disciplinary.—To exclude or expel unworthy individuals, and censure or discipline back-sliding members.

To provide a complaint committee.

To expose, as far as it can be done locally and nationally, the wrongs and injuries done to the best standards of nursing, and to check harmful tendencies.

Constructive.—To be a means of letting the Board of Directors know where the school is failing.

To be a source of constructive criticism, after investigation and a careful study of facts, from whom dignified action of the executive board of the alumnae may be presented to the proper authorities.

In connection with these efforts a member of the alumnae should be on the board of the school to give the nurses' viewpoint to the board. She would be a helpful advisor to them in giving to the public information as to the needs of the school, acting also as a recruiting agency.

Another responsibility is the welcoming and inspiring of a new superintendent and upholding her hands.

The relationship between the alumnae association and the school is not however a one-sided affair and the responsibilities of the school to the alumnae association are not to be forgotten.

The school should stand ready to give continuously of its best thought and inspiration to the graduate.

It should expect of the alumnae association, among other things, the primary duty of furnishing good examples to the student nurses.

It should keep the alumnae association informed of progress and changes in the school.

It should expect that no one could have a greater interest in the school than the graduates of the school.

It should expect to be to the graduates a true Alma Mater, often a home to which as students, they went with their youth, their hopes, ideals, and coming years of service.

It should be on the alert to prevent an attitude of indifference on the part of the alumnae

association, an indifference which is bound to arise from frequent changes of personnel in the administration of the school, and from changes of policy. It should be a constant source of help and inspiration.

Here for a moment let us leave the subject of the alumnae association. We will come back to it soon, with, I hope, a new conception of an unused or an inadequately used source of power.

At the end of a recent course of lectures on ethics to a large group of probationary nurses in a central school of nursing, the question was asked, "In what way can student nurses be safeguarded against moral dangers?" Three-quarters of the group were high school graduates, of college age, and from rural communities. Their replies were worth careful consideration and it is because of the emphasis that a large proportion of them placed on the need of closer contact with older nurses and the longing for opportunities to discuss personal problems with some one interested, that the possibility of greater usefulness to the school by the alumnae suggested itself.

To every school is attached a large group of nurses known as the alumnae association, made up of nurses of experience, maturity and importance; women who should be more interested in the school and its problems than anyone else. Why then can they not have a closer share in meeting them?

Psychiatrists tell us, on every opportunity, that in human relationships the influence of one human being upon another is the decisive factor and that it is not so much the particular educational method or system that counts, as the personality of the individual with whom the students come in contact.

We are managing pretty well, though slowly, the problems which have confronted us from the side of the physical environment of our student nurses. There is of course much more to be done along these lines, but of what avail will be the maximum degree of superior physical environment, modern nurses' homes, elaborate class rooms and laboratories, gymnasiums and swimming pools, if sufficient emphasis is not placed upon the human relationships, the personal contacts, the influence of one human being upon another—in other words, more attention to individual personality?

No superintendent of nurses, or supervisor, instructor or house mother, or other official of a school can be equal to the demands of all the human contacts in her institution. Why then should we not adopt in our schools some of the spirit and some of the vision of modern social service at its best, and divide among the large group of the alumnae, whether they are in or outside the hospital, members of the staff, or employed elsewhere in the city, some of the tremendous unused potential influences of personal friendship.

The probation system of our courts, the faculty advisor plan in our colleges, the Big Brother and Big Sister Movements which are spreading so rapidly, owe their success to the recognition of this principle, that the decisive factor in human relationships is the influence of one human being upon another. You, no doubt, are beginning to see that the scheme I propose, and intend to try out with those members of the Alumnae of the Army School of Nursing who are in Washington, is this: To apportion to each member of the

Association, and indeed to each member of the graduate staff, whether alumnae or not, one or two incoming students, to whom from the very moment of her arrival she may be friendly advisor. It is being done in our colleges, all freshmen, both men and women, have faculty advisors. The idea can be developed in a score of details,—welcoming letters beforehand, meeting upon arrival, friendly talks, the building up of resistances against will-destroying habits so easily acquired, advice about amusements, shared social activities, continued personal interest, and all that the term wise friendship means. There is no need of the advisor being a member of the faculty of a school. Every single member of the alumnae body should be equal to her share of this responsibility. It would be good for the graduate nurse as well as good for the student. If we feel ourselves not equal to the opportunity and responsibility of wise friendships,—and that is all,—and hesitate to be the advisor of a young soul who, with eager heart, is waiting to join our profession, isn't there something wrong? Willing to give everything that may be demanded of her, full of high chivalry, eager to devote herself to the service of humanity, to be part of that "noble profession" which makes so great an appeal to the best in her, she is our responsibility as members of the Alumnae groups. It is not fair to place all the burden upon the officials of the training schools. But, fair or unfair, they cannot meet it. There aren't enough hours in the day and night, and incidentally their positions prevent their being able to make the proper contact. An opportunity seen and recognized becomes a duty, and nurses are not slackers of duty.

We are each of us concerned about the profession of nursing. We want to see its standards higher, its progress greater, its position more assured, its leaders more powerful. Our national organizations are doing everything in their power to accomplish these ends. But since the basis of these groups is the alumnae association, and the basis of the alumnae association is the individual nurse, where should the attack be aimed—for more strength, more character, more personality, more spiritual power—except upon ourselves, the individual units of our alumnae associations?

We cannot expect great things of our associations unless we expect great things of ourselves. And to expect and secure great things of ourselves we must expect great things of God and be aware of our relation to Him. Personal religion is a matter we hesitate to speak about. Some one has defined it as betting one's life on the existence of a God. To do that is to perform every act in the belief that beyond our little hour lives One with whom we can ally ourselves, that beyond our temporary success or failure lie great principles of justice and love which are the expression of God whom to know is life eternal. The difference between people who have this idea of religion and those who do not has been explained² as the difference between a person who stops at herself, and one who is aware of her relation to God.

This awareness may, under given circumstances, involve the renunciation of material goods, of prestige and success, and even of life itself. During the World War we all knew of men and women who sacrificed promising careers, and with terrible literalness,

²A. C. E. Allison's *Friends with Life*.

staked their very lives on the existence of justice and goodness. Religion, as distinguished from the cynicism which besets any post-war period, assures us that not even those lost, who lie buried in the fields of Flanders. It is perfectly true that their sacrifice did not "end war," nor usher in a better and juster and wiser world. But it is also true that because of what they did, it is easier to believe in the justice and goodness and vision which, shining like guiding stars amid the terrors and evils of human life, alone save nations and individuals from utter shipwreck.

I am sure that there are many in this audience who, like myself, will all their lives thank God for even the faint vision they had of this belief, or contact with those who were staking their lives on it, during the war. But final sacrifice is not always demanded, and the spirit and the world do often work together in a noble and happy companionship, and men and women are often devoting their lives to the service of God when they are doing properly and ardently their daily work in factories, shops and offices, in hospitals, homes or schools.

There is no necessary conflict between religion on the one hand, and business, art, and science, on the other. The good or evil of "worldly things" is in the heart alone. That is why one's awareness of God is a vital element of religion. Mere "good works," a mere "moral life," if they spring from no imperishable source, in the long run trickle impotently, and at last dry up like an unfed stream. Men and women whose morality is

replenished are never static. They do not merely omit to steal, or to lie, or be cruel. Rather they are dynamic, full of energy, making truth live, spreading goodness in new forms, promoting justice and kindness. Instead of resting passively on the law and order and decency of moral society, they push out the frontiers of such a society, increase its beauties, make eloquent its appeal. It cannot be too often repeated that those who are moral dynamos always give evidence of inward life, some inward nourishment of the energy, and we perceive that with them there is an awareness of God.

Moral dynamos—why are we not all moral dynamos, full of energy, making truth live, spreading goodness in new forms? I have hinted at one new way, at least, of making truth live, in connection with student nurses in our schools. To be equal to even this one opportunity and all that it may develop into, of influence upon even one young life, must mean an awareness of God. Such a consciousness of connection with the source of power cannot but make personalities more effective, and make us think more of our individual responsibilities toward ourselves, our associations, our school, the younger nurses as a whole, and the individual ones with whom we may come in close contact. The spirit of the Alumnae Association should be the spirit referred to in the text: "Let this mind be in you which was also in Christ Jesus."

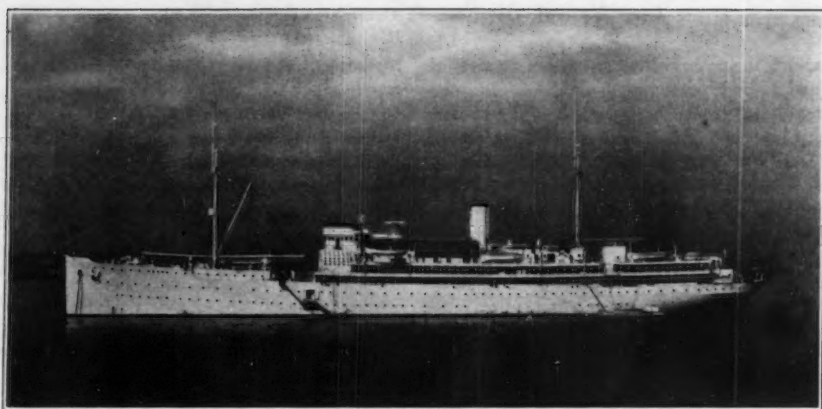
TO REGISTRY MEMBERS

When a nurse who is registered for duty leaves her telephone without notifying the Registry she breaks two things,—her contract and her contact,—which results in at least two extra telephone calls, to say nothing of the loss of time of a very busy person who is made responsible for getting the nurse to the one in need as quickly as possible.

The efficient service expected of us as an organization can only be brought about by the coöperation of each of its members. Are you helping to maintain a good reputation for your Registry, or are you one of those irresponsible ones who take the chance of not being called and leave your telephone? We each have our own responsibilities and must answer for them.

Are you living up to the full measure of yours?

—From the *Bulletin* of the 1st District of the Illinois State Association.



THE RELIEF—THE ONLY HOSPITAL SHIP IN THE WORLD BUILT AS SUCH FROM THE KEEL UP

THE HISTORY AND DEVELOPMENT OF THE NAVY NURSE CORPS

BY J. BEATRICE BOWMAN, R.N.

Superintendent, Navy Nurse Corps

IN 1908, seven years after the Army Nurses had demonstrated their fitness for military service, the Navy Nurse Corps was established by Act of Congress and this Corps became a part of the permanent naval establishment.

At first there was a great deal of opposition to women in the Navy and the pioneers in this branch of nursing work had to feel their way very carefully. Some of the Medical Officers had been in the service a long time and were not used to nurses. They thought the nurses would interfere with their authority and work. It was soon demonstrated that the Nurse Corps was a very important and necessary part of the Medical Corps and many of the doctors who so strongly opposed women as a part of the navy personnel became the strongest supporters of the new Corps.

From a nucleus of twenty in 1908, the corps gradually increased as the

Commanding Officers at the different hospitals requested that nurses be detailed to their stations. In every instance where nurses were detailed, they adjusted themselves to the service conditions peculiar to the different stations and proved themselves an indispensable part of the personnel. The intelligent responsibility which a nurse could take relieved the medical officers of great anxiety when there were critically ill patients. Nurses are subject to orders, just as the officers and men are, and are ordered to transport duty, to hospital ships and to foreign service. At all times they have proven their aptitude for naval service. But unlike officers who are commissioned and men, who are enlisted, the nurses are appointed for duty in the Service.

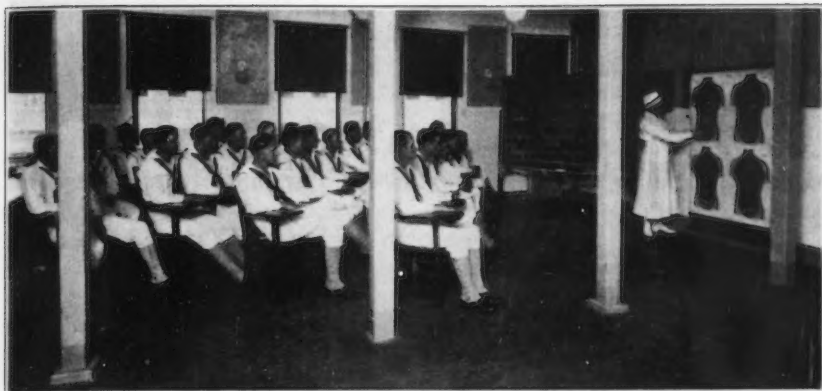
Before the nurses were appointed to the naval service, the care of the sick had fallen to the hospital corpsmen.

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SURGICAL NURSING CLASS, TRAINING SCHOOL, MARE ISLAND, CAL.

The Hospital Corps is made up of the male nurses, numbering about 4,000. These nurses take care of the sick aboard the ships and it is very important that their training while "pupil nurses" be such that when thrown on their own responsibility away from their teachers they can carry on their work to the satisfaction of the medical officer and the patient.

During the war, the Nurse Corps increased very rapidly, new stations were opened and the demand for nurses to aid in the systematizing of the nursing work at these new stations was great. The Hospital Corps increased just as rapidly and these young men coming into the hospital work without any preliminary training, in many instances, were indeed probationers in the truest sense of the word. The nurses gladly assumed the responsibility of training these pupils and taking care of the patients.

After the war the nurses were released as rapidly as possible and the appropriated strength of the Corps today is 525. The recent Act of Congress which extends the privilege of the navy hospitals

to any of the disabled veterans means that at all times we have these men to care for. There may not seem to be as much glory in taking care of the disabled veterans at the present time as there was during the war, but the spirit of patriotism is just as true in those who do grasp the opportunity to serve their country in peace times as in those who served during the stirring war times.

We have two schools for the training of the hospital corpsmen, one at Norfolk, Virginia and the other at Mare Island, California. Both of these schools are connected with large naval hospitals so that the corpsmen get theory and practice. Medical officers, nurses and chief petty officers are the instructors in the training schools and to the nurses falls the duty of teaching bedside nursing and actual care of the sick, as well as many other subjects.

From the schools where the corpsmen have four months of intensive training, they go to the different naval hospitals and continue their training under supervision, for there are nurse instructors in every naval hospital. In the wards,

where nurses are in charge, their practical work is supervised and most of the corpsmen become very efficient nurses and are able to take the responsibility when aboard ship, for the nurses are not on duty on the battle-ships, destroyers and submarines.

There are other training schools for nurses in the Navy also. In our island possessions, Guam, Samoa and the Virgin Islands, training schools for native women are conducted by the medical department of the Navy and the navy nurses have charge of these training schools. The native nurses are carefully selected young women and have a very complete course of training. After graduation, they go out among their own people to do welfare and public health work. The work that these native graduate nurses do is of the greatest value. A few years ago, the more primitive people of the islands were afraid of the doctors and nurses and were using all kinds of native methods, with their superstitions, to cure their ills with the results that the death rate, especially of the babies, was very high. Today they have the greatest confidence in the medical department and most of them consult the doctor and nurses for the slightest ailment. It is a

great satisfaction to the navy nurse when a mother brings her sick baby and asks that something be done for it. Perhaps she has lost each baby in turn and in desperation turns to the nurses even though she does not fully believe in their methods. If the life is saved, it really means that many lives are saved, for the grateful mother spreads the good news very quickly and more mothers will bring their sick children for care and treatment. The native nurses in their work in the villages and districts find the sick, give them simple treatment and send those who need hospital treatment to the hospital.

The work of the navy nurse is particularly exacting and her duties are very varied. The old theory that a trained nurse can do anything applies especially to the navy nurse, for she is really called upon to do anything that is constructive. She must possess the qualifications which make a successful nurse in any position, and as her work is mostly with men she must be especially adapted to maintain a helpful and dignified position at all times. Her patients are men, her co-workers are men and her pupils are men.

The Surgeon General is very much interested in giving the nurses every opportunity to further their professional education. Special courses have been given in dietetics, anesthesia, laboratory work, physiotherapy and as instructors of nursing. Many nurses have taken advantage of these special courses and with the intelligent coöperation which they are able to render have become of the greatest value to their Commanding Officers.

Aside from "work," which is really the primary object of having nurses in



NATIVE GRADUATE NURSE AND PATIENTS

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the Navy, there are many pleasures to round out a full life. The hours are short, ordinarily eight hours, which gives the nurses plenty of time for recreation, and for study if they wish to pursue it. Leave with pay, thirty days a year, is granted and may be accumulated to 120 days. This gives them an opportunity for travel and nurses in the tropics usually visit foreign countries, Australia, Japan and China and often return to the United States through some unusual route. The transport duty takes them to the West Indies, from coast to coast through the Panama Canal, and to the Orient.

Is there anything unpleasant in the work of the Navy Nurses? Most certainly, but it would be hard to tell just what one would call unpleasant. As the work deals with human beings with their frailties, it is easy to see that unpleasant things do arise. What one nurse finds hard, another gets her great-

est pleasure from and no one need be unhappy if she has the altruistic spirit necessary to get the most out of life. The pleasure one gets is usually in proportion to the amount of service one renders.

As the Nurse Corps is small, it is like one large family and everywhere the nurse goes she is sure to find those with whom she has been shipmates before. She will find waiting for her unusually comfortable quarters and knows if she is sick she will receive every possible attention and her pay will continue during her illness. If needed, she will be granted thirty days' sick leave for illness contracted in line of duty.

One may ask why so many nurses are needed when so large a part of the personnel of the Navy is afloat. There are several important reasons:

To care for the critically ill of the Navy.

To teach the members of the Hospital Corps Training Schools.

To act as instructors of the hospital corpsmen in the naval hospitals.

To supervise the training schools for native women in our island possessions.

As trained dietitians, to supervise the preparation of diets for the patients and to instruct the corpsmen in this branch.

As trained anesthetists, to give anesthetics and to instruct others in giving anesthetics.

As laboratory technicians, to do laboratory work and to instruct others in this work.

In other words, to make herself a very useful and important part of the life of the Navy and the world at large.

It may be seen that the work of the navy nurse is very far reaching. It extends to all parts of the world wherever the United States Navy goes. Even though the nurse is not at hand, her care and influence are carried over thousands of miles, to the men at sea and to the far tropical isles. We invite any qualified nurse to take a cruise with us. It will give her much pleasure and satisfaction and she will have an opportunity to serve her country.

YALE UNIVERSITY SCHOOL OF NURSING

BY ANNIE W. GOODRICH, R.N.

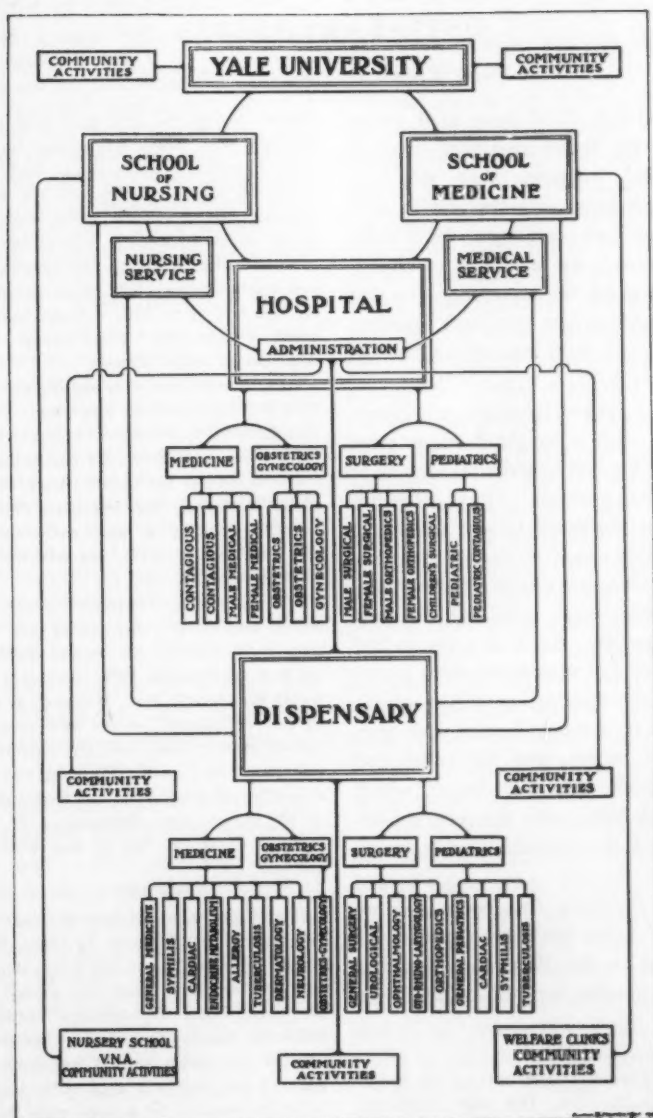
THE VARYING ways in which the connection of the universities with the schools of nursing has been effected have led to some confusion as to the exact form of relationship established between any given university and school. Through the graph herein presented it is purposed not only to show the relationship of Yale University to the Schools of Nursing and Medicine, but the relation of these schools to the New Haven Hospital, which is a private endowed affiliated institution. The graph also indicates the interrelationship of the services as expressed in the services of the Hospital and those of the Out-Patient Department; and the connection of all these departments, institutions, and organizations with the community activities. The preparation today for any professional field would seem to us incomplete that did not provide for a close connection between the findings of Science, the newer methods of education, and the application of these to the community's needs and activities. *To some students of health*

and disease, two subjects of great importance to every community, the rapid and ever increasing development in the field of preventive medicine calls for a reshaping of the curriculum to provide not only that the principles of public health shall be included in the basic preparation of every nurse but shall be the bed rock on which the principles and practice of curative nursing rest. To achieve this end, an intimate association is required with the laboratories of science and the class rooms of education on the one hand, and a practice field that offers an actual not an artificially created experience in a section of community life, on the other. The accompanying graph indicates clearly the availability of these resources to the School of Nursing of Yale University, which, as has been frequently stated, is pledged to develop such a program of nursing education—a program which it is hoped will so definitely demonstrate its constructive value to the community that its general adoption will be rapidly advanced.

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TRACTION AND HOT FOMENTATIONS FOR OSTEO-ARTHRITIS

By ELLEN G. DAWSON, R.N.

TRACTION HAS been used so extensively in the treatment of tuberculosis and fractures that we have grown to associate its application with one of these two conditions. Within the past two years we have had to change our ideas since we have seen traction and hot applications give such excellent results in both mild and severe cases of osteo-arthritis.

Picture a patient lying not only hours, but days, with a weight holding some portion of the body rigid, and usually in an unnatural position. He is often unable to use his hands to any advantage and, in some cases, he cannot even see to read. One can imagine the restlessness of body and mind which must naturally result. But it is a joy to find that the average patient becomes accustomed to the application of the equipment used in a much shorter time than one would expect, and the relief and freedom from pain and spasm which this affords him, make his mental attitude toward the restriction more favorable.

During the past two years a large number of cases have been under our observation in the Evanston Hospital. From this number we wish to cite three instances:

CASE I

Mrs. A., 56 years of age, entered the hospital on March 31, 1924. Her chief complaints were: Backache, lameness, stiffness and cramps in back and base of cervical spine. The illness dated back four years, when she noticed a pain in the back following an attack of influenza. The symptoms had in-

creased during the year until now there was constant pain, which was always more severe toward evening. Recently she had noticed a numbness and a tingling of her legs when standing and a stiffness when walking. The X-ray plates disclosed a definite hypertrophic osteo-arthritis involving the cervical, dorsal, and lumbar spine. Her blood chemistry was normal, and at no time did she have an elevated temperature, thus ruling out any suspicion of other illnesses.

Hot fomentations were applied to the vertebrae and head traction was used. Permission was granted to remove the latter while the patient ate, and both heat and traction were removed during the night. After two weeks of this treatment, from which she derived considerable comfort, a body cast was applied, and on April 16, 1924, she left the hospital for her home.

Mrs. A. was an extremely nervous type of person and many times during her first few days in the hospital she became quite hysterical and discouraged, being sure that nothing would ever benefit her. However, as the body became accustomed to the new position, the nerves were quieted, and the patient became encouraged and calm. The cast was changed a number of times and was finally discarded. At the present time, February, 1925, Mrs. A. walks a mile or two a day without discomfort.

CASE II

Mr. B., 47 years of age, was admitted to the hospital on January 7, 1925. He complained of pain in the left knee and tenderness and swelling below the medial side of the knee joint. Temperature normal. The following history was given: Six years before he had fallen several feet from a sidewalk. A cast had been applied for four weeks. After its removal he walked with the use of a cane, but this, too, was discarded after a short time, and he went about his work with some discomfort for one year. By that time the pain had become so acute he was obliged to leave his work, the change in weather

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causing greater severity of pain. Finally in January, 1925, he could no longer walk and entered the hospital with a diagnosis of periostitis with arthritis.

Traction and hot fomentations were applied to the leg the day he entered the hospital and in three days' time he was comfortable. After five days he had no more pain and the traction was removed. The heat was continued for one more week, at the end of which time a cast was applied, and he went home very comfortable and apparently well on the road to recovery.

CASE III

Mrs. W., 59 years of age, came to the hospital, December 24, 1924, with the complaint of pain in her neck and the sub-occipital region. She had noticed the pain one year before, it being more marked when she became chilled. Upon the day of admission hot fomentations with Porter's solution were applied to her neck, and head traction was again in demand. In a surprisingly short time the patient became comfortable, and after ten days of this treatment, followed by one day of dry heat and traction, a plaster collar was applied and the patient was able to leave the hospital without pain.

We could cite case after case, with varying lengths of time, where the results have been equally gratifying, but the above are typical.

The apparatus required for the traction is a halter with a strap under the occiput and under the chin. This halter is made of a strong piece of muslin, small buckles being used at the side to adjust it to the patient's head. Attached to the halter is an iron spreader, and from this a rope passes over a pulley at the head of the bed, slightly above the patient's head. Weights are added to the end of the rope to produce the necessary traction. An average adult requires about a five pound weight. The patient must lie flat on his back with no pillows, and with the head of the bed raised about

four inches. In most cases permission is granted to remove the halter while the patient eats and it is usually removed at night.

When leg traction is used, two strips of moleskin adhesive plaster about two inches wide are attached, one on either side of the leg. If the condition is in the knee, the adhesive extends to the level of the upper end of the tibia; if in the hip, the adhesive extends about four inches above the knee. These strips are attached to a wooden spreader below the foot, and from this a rope passes over a pulley at the foot of the bed. A small sandbag supports the ankle and prevents the heel from touching the bed. The foot of the bed is raised slightly.

The purpose of the traction is twofold: (1) To immobilize the spine or joints, i.e., to keep the patient from moving about in bed; (2) To reduce pressure on articular surfaces of vertebrae or joints. The indications for its use are: (1) All forms of arthritis involving dorsal or cervical vertebrae, or large joints; (2) Tuberculosis of dorsal or cervical spine; (3) Injuries to the vertebrae or large joints.

The articles needed to apply hot fomentations to the back are: A stove, a large basin, stupe wringer, a piece of soft flannel (large enough to cover the back); a soft dressing rubber (as large as the flannel); a double piece of old soft blanket, an abdominal binder, tray, bath towel, safety pins, and a hot water bottle or electric pad as ordered.

Procedure: Suspend the wringer into which the loosely folded flannel has been placed, in the basin. Cover well with water and allow to boil hard from three to five minutes. Place the hot water bottle—temperature 120° Fahrenheit

—on the tray. Wring the fomentations dry. If very heavy, place one handle of the wringer behind the faucet handles over the sink, making it much easier to wring. Place the stupe containing the flannel on the tray, cover with a towel, and carry to the bedside. Screen the patient. If he can turn, place on his side, and pleat to his side the binder, the thick blanket, and the rubber or oiled silk. Note the condition of the skin. Open the stupe wringer, withdraw the fomentations and shake. Test them on the back of hand or wrist, place without wrinkles on the back, and cover quickly. Turn the patient on his back, smooth the other side and pin the binder firmly. Note that the fomentation is well covered and that no corner is exposed, as this will quickly cause chilling. Place the hot water bag or electric pad under the patient. If an electric pad is used, it has been previously covered with thin rubber and a cloth cover, and *turned at low heat, which must not be altered.*

Renew the fomentations every two or three hours. Prepare extra flannels, refill the hot water bottle, and take to the bedside. Unpin the binder, remove

the wet flannel, note the skin condition, and replace the fomentations.

Too much stress cannot be laid upon the precautions to be taken in the care of the skin when heat is applied. Carelessness in giving such a treatment inevitably brings severe condemnation upon the nurse and the institution, but more to be dreaded is the fact that it may entail extreme suffering for the patient or disability for life.

In the cases where the pain was acute, in addition to the hot fomentations, there was applied a lotion consisting of Tr. Opii, dilute Lead Water, Tr. Arnica, and Witch Hazel. This lotion is a formula prepared by the well known orthopedic specialist, Dr. John L. Porter, of Chicago. Its action is to lessen soreness, but on account of its being very irritating to the skin, it must be used with care, not oftener than once in eight hours. The articles needed for applying the lotion are: Four layers of gauze to cover the area, Porter's lotion, and oil silk. The procedure: Saturate the gauze in the warm solution, squeeze out enough so that it may not drip. Apply to the skin smoothly, and cover with oil silk. Apply hot fomentations.

NURSING CARE FOR COMMUNICABLE DISEASE CASES

Nursing care for communicable diseases except in the hospitals is, or has been in years past, difficult to obtain for persons in very moderate or poor circumstances. For those who need and can afford full time private duty nurses such services can, of course, be obtained either through the private physician or by calling the Central Bureau of Nursing.

Last year the Visiting Nurses' Association of Detroit instituted a communicable disease nursing service which helps take care of those persons who cannot afford, or do not need, a full time private duty nurse but who do need some nursing service, perhaps for only a short period each day. Nurses may be obtained for an hour or two hours a day, or if need be, for longer, at very reasonable rates. In cases of real poverty such services may be obtained free of charge. If you need, or as a private physician you know of a case which needs, this type of communicable disease nursing, call the Visiting Nurses' Association and ask for the Communicable Disease Nursing Service of the Visiting Nurses' Association.

—From the *Weekly Health Review*, Detroit Department of Health.

EXERCISES FOR CARDIAC CASES

BY LILY H. GRAHAM

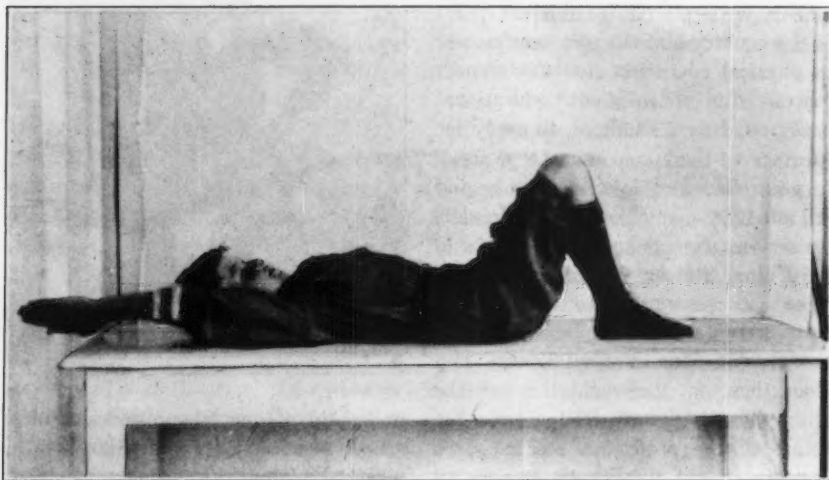
WHEN THE United States entered the War, in 1917, our Government realized that some provision would have to be made for the after-care of the men who would fill the hospitals with nerve injuries and orthopedic troubles of all kinds. Consequently schools were placed in different parts of the country and the plea sent largely to physical education students, though others with a sufficient educational background were admitted, to apply for entrance to these courses. Large numbers enrolled and in the summer and fall of 1918 many received their calls for service overseas and in the camps in the United States. The Armistice was signed in November, so only a few aides were sent across, but wonderful service was done in this country and from then on the reputation of the physiotherapist was made and the future of the profession assured. So accustomed did the doctors become to the use of the aide in the care of their orthopedic patients that pleas were made to the girls who had served so well to stay with the profession in peace times. This in brief is the early history of Physiotherapy in America. Since that time hospitals and orthopedic doctors have felt the physiotherapist a necessary addition to their staffs. In order to meet this ever increasing demand for trained workers, schools have been opened in various places. Most of them are graduate schools, and require either physical education or a nurse's training as a preliminary education. These courses usually correspond



in length of time to one semester of a school year, and are only intended to give the student a knowledge in orthopedic conditions not sufficiently obtained in her previous training. The schools for those with no training cover, as a rule, a period of time equivalent to a whole school year. Those fulfilling the requirements are recognized by the National Physiotherapy Association, but the time is fast coming when a training of two or three years will be required before a student is considered a graduate physiotherapist. And not only does the orthopedic surgeon demand a well trained worker but more and more the medical man is realizing her value in the treatment of non-orthopedic conditions. Especially is this becoming the

case in the treatment of cardiac cases. So that the physiotherapist must not only know orthopedic conditions, and the origin, insertion and action of muscles in accurate detail, that she may intelligently prescribe exercises suited to the type of case in hand, but she must know also anatomy of the heart, its function, and the effect of exercise on the circulation. It used to be true that

spring of 1923, and the results have been excellent. In the opinion of Dr. George Laton, in charge of the Cardiac Clinic, the hospitalization of these patients has been reduced just about 50 per cent. The system of exercise treatment used is that worked out by Dr. Edith Bronson, of San Francisco, and it is with grateful acknowledgement to her and with her



a patient with heart disease entered the hospital or became a bed patient at home, and with the usual procedure of rest and the proper medication, he remained such until considered strong enough to be up. The treatment now is far different. The patient enters the hospital and has the same medical care as always but long before he ceases to be a bed patient he is turned over to the care of the physiotherapist. The treatment consists of massage and graduated exercise.

The Children's Hospital of Los Angeles tried, for the first time, this method of treating heart cases, in the

permission that it is published in this article.

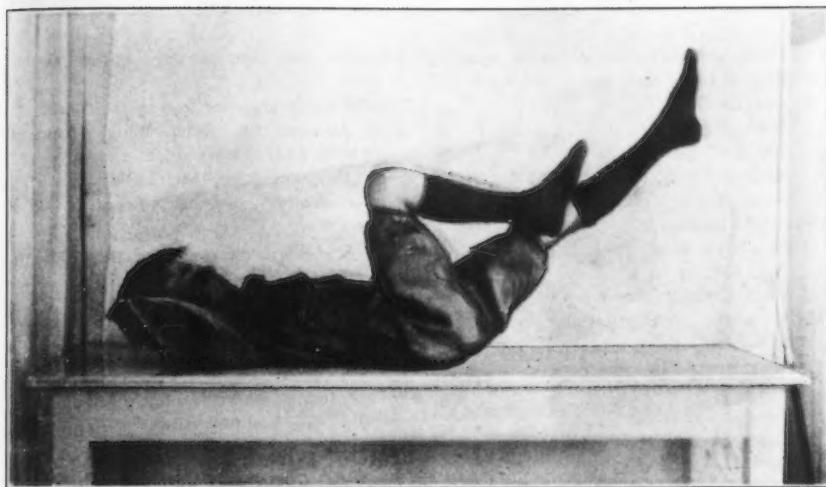
As soon as pain has subsided, the gentle effleurage of arms, legs and back is begun and following this, breathing is taught. The treatment lasts only about ten minutes but it should be repeated at some later hour in the day. The pulse is taken before and after the treatment and an accurate record kept. If there has been a change either up or down of more than 20 points it is considered too strenuous and is accordingly reduced the following day. If, however, all has gone well up to the end of the first week, we consider our patient ready

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for more severe work and the second stage is started. The treatment is increased to 20 or 25 minutes daily and consists of effleurage and light petrissage of the extremities and back, followed by passive arm exercises with breathing and passive leg movements. The outline for this group is as follows:

1. Arm parting with breathing, arm raising with breathing; alternate elbow flexion and extension. Knee upward bending; (active toe flexion and extension); legs side-ward and outward, (after two days add active ankle flexion and extension, prevent flat feet); (after two more days make the knee bending active. Alternate leg raising, keeping knees straight for tendon stretching.

Having successfully completed the second week, the time of treatment is increased to 30 or 40 minutes. Twenty minutes of this time is filled with vigorous massage to the extremities, abdomen and back, and the remainder is taken up with exercises. These are given three to five times each, and with resistance. They include ankle, knee, toe and thigh flexion and extension and leg abduction and adduction; for the arm:—hand opening and closing, elbow

flexion and extension, arm abduction and adduction, arm raising forward and upward and arm parting. Finish with alternate chest and abdominal breathing.

In the fourth stage, resistive exercises in bed are still given, but the patient is considered strong enough for weight bearing exercises also, and in this group the teaching of correct posture is begun. The following is the day's order:

Fourth Stage:—

1. Active exercise in bed.
 - a. Bicycle 15 to 50 times.
 - b. Double arm raising with alternate leg raising, 10 times—stretch each time.
 - c. Arm parting with alternate knee bending—10 times, each 5.
 - d. Deep breathing—same as in 1.
 - e. Lying prone—trunk backward, bending with hand behind back.
2. Stand up—*position and relax*—watch position of feet.
 - a. Exercises 1st day:
 1. Heel raising 10 times.
 2. Arms raising sideways, upward with breathing, 5 times.
 3. Walk length of bed and back (correctly).
 - b. 2nd day.
 1. Heel raising 10 times.
 2. Arms raising sideward, upward with breathing 5 times.

3. Hands on neck—trunk sideward, bend 20 counts or 5 times each day.

4. Arm circling.

5. Walk around bed and in on other side. c. 3rd day.

1. Heel raising 10 times.

2. Arms raising sideward, upward with breathing 5 times.

3. Hands on hips, trunk sideward bend.

4. Arm circling.

5. Bend, stand, alternate knee upward, bending with arms stretching upward—20 counts.

6. Walk around bed and back.

d. 4th day.

1. Same as yesterday.

2. Same as yesterday.

3. Same as yesterday.

4. Same as yesterday.

5. Same as yesterday.

6. Arms upward, stretch forward, downward, bend and touch floor 5 times.

7. Balance, walking short distance; knee upward bend, straighten step.

e. 5th day.

1. Repeat, and add walking through deep grass 15 times.

f. 6th day.

1. Add deep knee bend against the wall 3 times. (Jack-in-box).

g. 7th day.

1. Repeat. Increase last exercise 5 times.

The fifth and last stage is the most strenuous of all, and any heart case which can do the following exercises must be in pretty good condition. (Fifth Stage):

In position:—

1. Trunk sideward bend, hands behind neck, repeat 10 times.

2. Forward, downward bend touch floor, 10 times.

3. Jack-in-box, 10 times.

4. Arm stretching upward with alternate knee bending upward (until tired).

5. Sitting leaning on hands, deep breathing with head backward bending, 10 times.

6. Lying on face, head and shoulders, raising 15 times.

7. Bicycling 50 to 100 times.

8. Lying with pillow under shoulders—deep

breathing with arms sideways, upward raising 5 times.

9. Hopping alternate feet up to 50 each.

10. Alternate leg raising, straight forward, with arms flinging sideward 10 times.

11. Deep breathing—heel raising and arms raising sideways, upward. Repeat 3 to 6 times.

In cases of chorea, one many times finds heart conditions, and though that heart condition may or may not be noticeable, the patient is treated as a heart case. Even with chorea in its worse forms, exercises have been found to be invaluable. The treatment is usually started as soon as the child enters the Hospital and consists of the following outline:

CHOREA

FIRST STAGE

To start immediately on admission to Hospital.

1. Effleurage to extremities and back or abdomen.

2. Teach breathing as soon as possible.

SECOND STAGE

1. Effleurage and light petrissage (to extremities and back or abdomen).

2. Passive movements combined with breathing.

3. Assistive—active exercises.

a. For coördination.

b. For reëducation.

c. For rhythm.

THIRD STAGE

1. Massage (medium) general (no tapotement).

2. Active exercises with breathing.

3. Active exercises especially for back (assisted at first).

a. For coördination.

b. For reëducation.

c. For rhythm.

4. Chorea tests.

5. Singing vowel sounds.

FOURTH STAGE

1. Active exercises in bed.

2. Start standing, teach posture. Begin with easy exercises and gradually increase, not



allowing an unassisted movement until child has balance and confidence.

3. Continue 4, 5 and 6 of Stage Three.

FIFTH STAGE

1. Vigorous gymnastics. Prepare to go home.

The treatment described above has been used in the Children's Hospital in all types of cardiac conditions with the exception of pericarditis. During the length of time our cardiac clinic has been in existence it so happens that we have had no patient with this particular disability on our list; for this reason we cannot report the result of a treatment by exercise in a case of pericarditis, but the result in all other types of heart disease has been, so far, very satisfactory and most worth while. Not only do we feel that our patients have

gained from the physical standpoint but from the standpoint of the development of character. The physiotherapist has a wonderful opportunity. She sees the patient daily during the acute stage and once, twice or three times a week for a period of many months. They come to know each other intimately, and the very fact that she insists on exercises being perfectly done means the teaching of discipline, which many times is not required at all in the home. Not only is this opportunity hers, but she has the chance to exert an influence for good morals and to create ambitions which may affect the life of the child for all time. These things are most important and should not be lightly passed over by the physiotherapist.

"The Public Health Service," says Surgeon General Cumming "deplores the use of any kind of shield as a vaccination dressing. The employment of a shield tends to prevent evaporation, to retain heat, moisture, or discharges, with a subsequent softening of the vesicle, to obstruct lymphatic drainage, and to create conditions apparently favorable for the development of infection."

TO REDUCE OR NOT TO REDUCE

BY MARTHA KOEHNE

WHAT TRAINED nurse does not know Sairey Gamp, the famous Dickens character, who stood as a type of her profession during the early part of the 19th Century? Two qualifications appeared to be desirable at that time. The popular conception of a nurse was a woman well along in years and usually fat. Age apparently stood for maturity of judgment and fatness for a sort of general motherly attribute. Little attention was paid to the fact that such a nurse was usually lazy, slovenly in appearance, and inefficient.

The ideal trained nurse of today is youthful looking, slender, and trim. She emanates efficiency and inspires confidence. The improvement in her standards of appearance has kept pace with the improvement in her training and scientific education. The modern nurse who is neglectful of her appearance is forfeiting one of her greatest assets, personal attractiveness. Fat people have never been idealized in literature or art. They do not look well in their clothes. As a rule they are not alert and active, either mentally or physically. They tire easily and get short of breath.

In addition, much publicity has been given recently to statistics compiled by the life insurance companies. These statistics show that people under twenty-five years of age have better health if they weigh a little more than the average for their age, height, sex, and build. Growing and developing into maturity are hard pieces of work, and young people need a reserve of

energy and strength to see them safely through this period in their lives. However, by the time a person reaches the age of thirty, he should weigh approximately what the tables of averages say he should. After that he should cease to gain in weight. People should try to maintain beyond thirty the weight they should be at thirty. By so doing, they will remain steadily below their average in weight. Life insurance companies show that they consider overweight a serious disability when they refuse standard insurance to adults past thirty-five years old, who are markedly overweight. Their records show that the length of life is reduced in overweight people, and, "where this overweight is excessive, the loss in years of expected life may be as many as ten."¹

Those interested in life extension give the following medical reasons for the above conclusions. 1. According to Dr. E. P. Joslin, fat people are the eligible group for membership in the Diabetic Club. He says that, below 50 years, one thin person is taken in to every ten fat ones. Above fifty years, just one thin person becomes a member to every nineteen fat ones. 2. Diseases of the heart, kidneys and blood vessels are also common accompaniments of overweight.

CAUSES OF OBESITY

It was stated in a recent number of *Hygeia*: "Our habits control our shape as well as our destiny." Doctor Joslin claims that 99.9 per cent. of overweight

¹Metropolitan Life Insurance Co. Bulletin, "Overweight, Its Cause and Treatment."

adults are overweight because they overeat and underexercise. The remaining .1 per cent. are strictly medical cases,—low functioning of certain ductless glands, notably of the thyroid or pituitary. Such people are characterized by subnormal mentalities, abnormalities in growth and development of sex functions, and can only be controlled by skillful medical care. This article is concerned with the 99.9 per cent. of the overweight cases, not with the 0.1 per cent.

Heredity is practically negligible as a factor in obesity except as it may increase the tendency to glandular deficiency. The many cases credited with being hereditary are merely instances where members of the families live sedentary lives and have acquired similar food habits through adherence to similar customs.

CONTROL OF OBESITY

The whole trend of modern medicine is towards prevention of disease. In obesity, also, it is far simpler to keep from getting overly stout than to overcome the trouble after the body has accumulated large stores of fat. When one considers the cause of obesity, it is seen that prevention, as well as cure, lies largely "between one's teeth." An absolute prerequisite to success, however, is self control, will power, and stick-to-it-iveness. Most overweight people are walking advertisements of inability to restrain their appetites and of failure to use the muscles with which their bodies are provided. As Lulu Hunt Peters so aptly puts it, "Will power, with a layer of fat on it, gets feeble."

It is very gratifying to observe the in-

terest being taken in this subject today. Methods of reducing are common topics of conversation wherever groups of adults are congregated. People are beginning to "Count Their Calories." Interest in sports is keen. Golf has been a life saver to many and the proportion of golf and tennis enthusiasts is increasing. Hiking is becoming more and more popular. Styles are all made for the slender figure, in both men's and women's garments, and such clothes make a universal appeal.

As is always true, advertisers are taking advantage of this popular interest. Fat people are implored to use this, that, or the other advertised product in order to acquire the modish form. There is also much advice available through the medium of the popular magazine, newspaper, lecture platform, and hearsay. An effort will be made, in this paper, to discuss the prevailing methods in use today, pointing out their good and bad features, concluding with the safest and most reliable method to accomplish this result.

A. MECHANICAL AND SUPERFICIAL AGENTS

There are various ointments on the market, which, if rubbed into the skin, wherever layers of fat are found, will, according to their manufacturers and advertisers, cause the rolls of fat to "melt away." In the meantime, no restriction in diet is necessary, and no special exercises are advised. According to the American Medical Association, the best known of these products, costing \$5 a jar, can be duplicated for a few cents by buying one-fourth of a pint each of vinegar and oil of turpentine, mixing these with some dry milk



curd, as an emulsifying agent, and adding some perfume. This association makes the definite statement: "There is no known substance which, applied to the surface of the skin, will reduce weight." Such products are worthless and their wide use merely shows how gullible the average layman is.

Some fat people have attempted to reduce by taking Epsom Salt baths. There is no evidence that such baths can dissolve out fat from under the skin. These have no more virtue than any hot bath which causes excessive perspiration.

There are on the market today many styles of rolling pins designed for the purpose of rolling away the fat. There are different sizes and shapes for different parts of one's anatomy. The advertisers and demonstrators claim that their use breaks up the particles of fat, so that they disappear quickly. Clinical evi-

dence has shown, in many cases, that the flesh is distinctly bruised by their use. Their value would be no greater than that of the ointments mentioned, with the added possibility of some injury to the flesh. These rolling pins are very expensive and simply serve to emphasize the truth of the saying, "A fool and his money are soon parted."

Rubber corsets come under the same heading. Many women have fallen for this national advertising. The demand has been so great that many corset manufacturers have been compelled to make them against their judgment. Women who use them are supposed to wear them from morning till night. The corsets are expensive and short-lived. If the corsets are of porous rubber, they are valueless as reducing aids. If they are made of solid sheet rubber, their only reducing virtue lies in the fact that they cause excessive perspiration. Unless they do, they are valueless. If they do, they are most uncomfortable. In the meantime, whether they cause excessive perspiration or not in a given case, the pores of the skin covering the abdominal region have had no ventilation for sixteen or more of the twenty-four hours of each day. They cannot be recommended on hygienic grounds.

B. MEDICAL AGENTS

There are, on the market, numerous varieties of patent anti-fat preparations. Some are wholly worthless, and money spent for them is simply thrown away. If they are effective as reducing agents, they contain dried thyroid gland or extract of thyroid gland. Such tablets will cause rapid loss in weight, through the effect of this substance on the rate of metabolism. Their use should be

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confined to those who are overweight because of hypofunctioning of the thyroid gland, and even these people ought never to take them except under the careful supervision of a skillful physician. Their promiscuous use by any of the 99.9 per cent. of overweight people is most heartily and completely condemned, because of their injurious effect on the heart and general health.

Then, it is sad to relate, there are some people who are so weak willed that they simply cannot refrain from gorging themselves with everything they desire in the way of food, and so lazy they do not want to take any exercise. They sit around and eat, and then take a cathartic every night to help them reduce. They have the pleasure of eating the food, then get rid of it in this drastic manner, before it has a chance to be assimilated into the body. It will help them to reduce, but at what a cost!

C. SURGERY

In recent years, many wealthy society women, actors, singers, and others have undergone surgical operations to remove the rolls of fat. If done by a skilled surgeon, this method is very effective and rapid. The person is not wrinkled or flabby afterward, and usually has a good figure. The method is very expensive, however, so its use is limited to a small proportion of the overweights. After recovery, such people should take graduated exercises and control their appetites, or they will get back to their original condition. This method does not insure against recurrent attacks! Neither does it endanger the health, except in so far as any surgical operation involves some slight risk.

D. DIET AND EXERCISE. UNRECOMMENDED METHODS

Some depend on exercise alone for reducing their weight. Exercise alone, accompanied by an uncontrolled appetite, is not a reliable means of reducing. Exercise, especially pleasant outdoor exercise, usually makes one very hungry. People in this group overestimate the energy used up in walking and various physical activities, and underestimate the caloric value of what they eat.



A certain amount of energy is used up, just standing still. Extra energy is needed for all forms of exercise. One-half a Calorie for each pound a person weighs, is required for walking a mile on the level at an average rate of speed. Many rich sundaes contain 300-500 Calories, and so provide a person weighing 175-180 pounds with the extra energy needed for walking four to six miles. Such a person would have to walk four to five miles to walk off the extra energy consumed in the form of a large chocolate bar, one to two miles for chocolate creams, five to six miles for a chicken salad sandwich, three to four miles for a piece of rich cake or

pie. How important it is, then, that overweight people curb their appetites and count their Calories as well as exercise! Then, too, many fat people begin with too strenuous exercises. They become tired out and soon get discouraged and stop, or they may injure their hearts through overstrain.

There are several types of dietary regime recommended that are unreliable and even definitely injurious to health. Often the rate of loss is too rapid. In most cases it has taken a good many years to accumulate the fat,—it should not be gotten rid of all at once, except by surgical means. One pound a week is as fast as one should attempt to reduce by diet and exercise. There may be an initial loss, during the first week or ten days, of ten or twelve pounds, if the person has been edematous. As soon as this excess of water is eliminated, however, the rate of loss should slow down to not more than a pound a week, usually about three pounds a month.

Fasting brings about a too rapid loss in weight. Eating nothing for several weeks at a time, exercising regularly perhaps, or not, as the case may be, is condemned for several reasons: 1. Acidosis may develop,—an acidosis of the same type as in diabetes,—because of the attempted oxidation, in the person's body, of almost nothing but fat. 2. The person looks wretched, his flesh becomes soft and flabby, his face and neck wrinkled. All his friends keep telling him how bad he is looking. This is very discouraging. 3. He may become so weak that he is an easy prey to infections, even to tuberculosis.

In some cases, the starvation is only partial. It may be partial starvation

because of an insufficient amount of food, due to eating only one meal a day, or eating almost nothing at meal time, or skipping several days' meals, then eating the customary diet for several days, alternating in this manner. The same criticisms may be applied to this method as to the fasting method discussed above, except that often more serious results follow, due to the fact that this partial starvation may be kept up longer. It results almost always in chronic ill health and susceptibility to tuberculosis. Besides the danger to the health of the person concerned, it does the whole cause harm. A person who has lost his health trying to reduce is pointed out by his or her fat friends as a glaring example of what happens when one interferes with "Nature," by attempting to get rid of fat that "belongs" on the body.

Another type of partial starvation is that produced by restriction to a dietary regime that is faulty in selection of food. Diet is a fertile field for faddists, and this can be well illustrated by much of the advice given concerning what a fat person should or should not eat. The following are some of the current ideas along these lines.

Some are told to eat nothing but pineapple and lamb chop. No explanation has ever been given of what peculiar virtue there is in lamb chop that is not in any other kind of meat, or of what reducing power resides in pineapple alone of all fruits, or of what unusual power the combination has! Such a diet is quite inadequate from the standpoint of general nutrition. It does not provide all the essentials of a well-balanced diet.

Others are afraid to drink water, for

fear it will make them fat. It is biologically and chemically impossible for fat to be made from water. Every adult needs to drink from five to eight glasses of water each day, whether he is fat or thin. It can only increase one's weight when, due to kidney trouble, it is retained in pockets in the body, producing edema, instead of being excreted.

Some try to live on nothing but vinegar, clear soups, leafy vegetables, fruits, and a great deal of lean meat. This also is a hopelessly unbalanced diet. Fat people need to keep well while reducing. Long maintenance on such a diet could result only in poor health.

Most fat people are desperately afraid to use milk in any form. A certain amount of milk is needed by every one each day. It is peculiarly valuable for its mineral content, being our main source of lime salts. These are needed by fat folks as well as by thin ones,—by adults, if their bones and teeth are to be kept in good condition and their general health kept up, as well as by children. Children merely need more in proportion to their weight.

Occasionally, however, one finds a

stout person who tries to reduce by using nothing but milk. There is no objection to this method for a week or ten days,—taking just about a quart a day, perhaps. It should not be kept up longer than this, as a rule. Milk, as a sole article of food, is only adequate during the first two months of a person's life. It lacks iron, and cannot be depended upon for Vitamin C. It does not contain enough bulk to enable prompt and efficient elimination to take place. When a quart of milk is used daily for about a week, often the patient loses a great deal in weight. This simply means that part of his excessive weight was edematous and it is this water that is being excreted.

When overweight people attempt to reduce by living on unbalanced diets, they get pale and they tire easily. They are hungry all the time and have a generally bad disposition. They often-times lose their health and serve as warnings to their stout friends, who make up their minds to let well enough alone, as far as they themselves are concerned.

(Continued in June Journal)

NURSES OF '25

Your school has laid the foundation of your professional life. Begin the erection of a worthy structure by providing the four essential uprights.

- I. Take your State Board Examination at the earliest possible moment.
- II. Join your Alumnae Association. It wants and needs you and it is the portal to the American Nurses' Association.
- III. Join the Nursing Service of the American Red Cross. There is no finer expression of humanitarianism and patriotism.
- IV. Subscribe for the *American Journal of Nursing*—the magazine owned by your profession. It will serve you well.

TEACHING OCCUPATIONAL THERAPY TO STUDENT NURSES

BY GEORGIA B. SPAINHOWER

SHORT COURSES in Occupational Therapy for student nurses are being more generally considered in schools of nursing. As a regular study it is of value since the use of Occupational Therapy has extended to so many types of disability.

Occupational Therapy has been defined as any activity, mental or physical, definitely prescribed and guided for the distinct purposes of contributing to and hastening recovery from the effects of disease or injury. In the definition, "any activity" includes work and play, many forms of which have been introduced into hospitals. These are known as Occupational and Recreational Therapy. When properly prescribed and intelligently guided they can be definitely called a form of treatment, which many hospitals have recognized and accepted.

Occupations or handicrafts in particular are used for diversional, therapeutic, educational or pre-vocational purposes:

Diversional—when games or occupations are used and intended only to divert the mind and occupy the time of the patient.

Therapeutic—where the activity of the craft selected has value and is guided to help in the problem of restoration.

Educational or Pre-vocational—a training during the convalescent period for a new work, trade or profession.

Occupational Therapy has made won-

derful progress in recent years. Its growth and development constantly give new material to use in teaching. Valuable information is available through the experiments, observations and records kept by hospital O. T. Departments. The subject has many lines of activity. Viewing them, it can be easily decided that a course in Occupational Therapy at the present time contains much for the student nurse.

The aims of the course as given at the Illinois School of Psychiatric Nursing are:

1st. To help the student recognize Occupational Therapy as a treatment in the restoration problems of handicapped persons.

2nd. To arouse interest and extend knowledge of the work being done in Occupational Therapy for all types of disabilities also of hospitals or agencies using this form of treatment in their rehabilitation work.

3rd. To acquire a more intimate knowledge of the aims and methods of Occupational Therapy for work with mental and nervous cases. This is supplied by the course and through the practice work in the Occupational Department where the student has contact with different classes of mental patients.

The last aim to be considered is to stimulate and re-awaken an appreciation of all handicrafts. The art appreciation side of the course can be emphasized in teaching, because this point of interest is interwoven in all we do. It means much to one's happiness to recognize and appreciate the beautiful. The field of Occupational Therapy can contribute a great deal along this line in appealing to the aesthetic side of one's



NURSES AT CLASS—OCCUPATIONAL THERAPY CLASS ROOM

nature through the crafts and beautiful work shops.

THE COURSE

The Illinois School of Psychiatric Nursing gives to Occupational Therapy, twenty hours covered in ten study periods. This includes the lectures and craft work. The students bring an enthusiasm to these classes that makes the teaching a delightful occupation in itself.

An introduction to the subject is given in a lecture on the history, aims and principles of Occupational Therapy. This is followed in the second lesson by a study of Occupational Therapy for mental and nervous cases and a survey of the work as used with other types of patients.

Six lessons are given to craft work. These include cut-paper projects, some forms of string work, a tied and dyed problem, basketry, and wood work.

A design cut from colored paper is the first problem; a talk on color,

illustrated by color charts, precedes the project. Since color possesses qualities that affect the moods and spirits of the patients, it is desired to have the student realize its importance when brought into the hospital work shops. This lesson also helps to develop a color appreciation.

The crafts selected for the next two lessons are interesting forms of handiwork and demonstrate stimulating and monotonous occupations. From these an insight may be gained as to why an occupation with qualities that hold attention and stimulate may be good for one type of patient while another needs a craft with more sedative qualities. These are also called symptomatic, when the occupation used has an immediate value or effect.

So much has been written on the two fundamental crafts of basketry and wood work that no comment is necessary here on their therapeutic value.

In the ninth lesson the arrangement,

color and decoration of a room is considered. It is closely related to the lesson in design and color. Each student brings her collection of illustrations of interiors to study. These are cut from old magazines and are saved for this purpose. The aim of this lesson is to create deeper interest in the problems of color and decoration that arise in homes and hospitals.

Through the tenth and last lesson, it is desired to have the student become acquainted with the rehabilitative agencies in Chicago and vicinity. These include the vocational society for shut-ins, the Lighthouse for the Blind, School for Crippled Children and other industrial work shops of service to handicapped persons where occupational therapy in some instances has been the first step in their reeducation to a productive usefulness.

Interest is further extended by a special lecture given by a member of the medical profession or some one

engaged in Occupational Therapy. This brings news ideas to the class, steadies old ones, and is very profitable when connected with some phase of the study.

A separate class room in the nature of a work shop is desirable, to get the best results of these lessons. With charts on the wall, some good craft work on display, tools and equipment in order in closets or on tables, an environment is at once created that carries the spirit of Occupational Therapy. The equipment is simple and inexpensive; it teaches students how to make the most of available material and helps develop resourcefulness. This is also impressed during the practice work.

THE PRACTICE WORK IN OCCUPATIONAL THERAPY

Each student nurse during her training in the school spends a month in the Occupational Department of the Chicago State Hospital, a week each with



NOTE—DOWNWARD CURVES MEAN DESPAIR; UPWARD CURVES, HAPPINESS.—L. M. K.

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OCCUPATIONAL THERAPY CLASS—THE LESSON IN WARD WORK

the classes for deteriorated women, on male and female observation wards and with the advanced classes at Occupational Center. On some of these wards she assists with the physical care of the patients before the class hour and in class comes in contact with and sees the application of more forms of handiwork as used with mental cases. This also affords an opportunity to observe the mental patients at work, to note their interest, degree of application, industry, and the general effect of work upon abnormal behavior. While in these classes the student helps wherever needed, under the direction of the Therapist in charge.

Apart from this regular practice work, many students desire to do special craft work for their own use. To meet this need, night classes are held and the work is guided by the Therapist of the school. The night classes are intended

for improvement in the craft work and are a medium of recreation.

NOTE BOOKS AND EXAMINATIONS

The projects made in class form a special note book and are handed in with the written notes at the completion of the course to be graded. At the same time an examination or a paper on a given subject relative to Occupational Therapy is required. Both of these are made very flexible and give the student a chance to express her views on Occupational Therapy or one of its allied activities.

The accompanying cartoon, one of the examination requirements, was made by a student in the January class. Notice the lines of the beds. Do you wonder that Occupational Therapy believes in itself when its influence seems to be effective in changing the lines of the furniture also! There were many



NIGHT CLASS—NURSES PREPARING FOR CHRISTMAS

good ideas of the subject and its benefits expressed in these funny little drawings. It was clearly brought out that work and play have a place in the care and treatment of most patients, and especially with the mental cases. Here it is used to combat the destructive forces at work, due to idleness and inactivity. One was constantly reminded of a quotation of the late Doctor Hall,—that idleness is a menace not only to the proper functioning of the body, but also to the moods and spirits of the individual.

Perhaps an Occupational Therapy course is a combination of work and

play. If so, through it the student nurse receives knowledge of practical value, she has the pleasure of doing creative work in the form of handicrafts, and she will in the future feel a deeper interest in the patient's endeavor to overcome physical and mental obstacles through the work of his hands.

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THE VALUE OF AN INSTITUTE TO GRADUATE NURSES

BY FRANCES R. BREWINGTON, R.N.

THE SPIRIT of progressive education demands new contacts, new experiences and above all new ways of looking at things. It is just these that the institute brings to nurses who attend it, and judging from the attendance and the enthusiasm displayed, the only conclusion one could possibly reach is that nurses are realizing more and more the need for a more solid foundation upon which to base their future activities and work. Accordingly, it would seem that the institute is a great stride in the right direction, and is a means of providing for a long felt need in nursing education.

Without respect to the particular kind of work one may happen to be doing, whether it be infant welfare work, visiting nursing, tuberculosis nursing, industrial nursing or any phase of hospital work, one is sure to be given something which will help her. The nurses who attended the institute in Chicago last fall will undoubtedly be eagerly anticipating the institute this year. Once a nurse has tasted the Pierian spring at the institute, she will surely go back for a deeper draught. Nurses are quite well aware of the fact

that only through educational channels will they be able to attain the high standard for which we are ever striving. Thus it is that many from all sections are taking advantage of the institute, and in this way are keeping abreast with the latest developments, not only in our own profession but along all lines in education.

How many nurses know as much as they would like to know about human behavior? How many are acquainted with all the latest movements and ways of helping in the great task of social betterment? How many have the courage to get up before a group of people and give a three minute talk without losing self-control? How many can work out a lesson plan and then go before a group of students and make that lesson interesting, helpful and inspiring?

It was stated in the institute program that "the courses were designed to meet the demands of four large groups of nurses, namely: executives, instructors, public health nurses and private duty nurses." The demands of all groups were nobly and adequately met, for the lecturers chosen by the Committee on Nursing Education were experts in their

respective fields and gave us their very best.

Nothing thus far has been said about the demonstrations which were given at the various hospitals. Only by attending the institute can one get any idea of the quality and the splendid manner in which these were conducted.

The social side of the institute was not neglected but was one of many delightful features, for there one met,

not only old friends but many new delightful persons and new friendships were formed.

In closing, the writer wishes to attest that even after two years at our justly famous and well beloved Teachers College, Columbia, she found the institute of inestimable value. Without the inspiring influence of the Director of the Institute, Miss Kennedy, she would have had little courage to have tackled her job.

A RECREATIONAL LIBRARY

By PERRIE JONES

PERHAPS IT is a rather unique idea for student nurses in any hospital to get together and petition the public library for a loan collection of books for their very own use. At any rate, that is what happened at the Charles T. Miller Hospital, Inc., in St. Paul. The student nurses at this hospital are part of the group that make up the Central School of Nursing of the University of Minnesota.

For several years the Miller Hospital has had twice-a-week public library service for its patients and personnel, but it was often difficult for the nurse to see the librarian on her scheduled visits and for the night nurse it was impossible. So at a meeting of the student nurses which the hospital librarian was asked to attend, the new plan was discussed, lists of books were handed in, and it was decided unanimously to give up all privileges of using the books in the hospital if they might have a collection in their own nurses' home. To be sure it meant that a certain closet must disgorge its tea cups and other treasures to make way for book shelves. That done, some eighty books arrived

and were neatly set up by the house librarian—one of the nurses—to be under her watchful eye, as well as lock and key. Once a week, directly after dinner in the evening, her shop is open and books may be taken out. She uses a very simple method of recording and filing and at the end of the month hands in to the hospital librarian the total circulation.

The collection sent out was based largely on the requests, and these ranged from *Life and Opinions of Gandhi* to *Zane Grey*, from a plea for books on foreign travel and biography to something on textiles and interior decorating, from *Cabell's Beyond Life* to *Gillette's Constructive Rural Sociology*, from *The Golden Bough* to the *Iron Puddler*, from *Nights and Days on the Gypsy Trail* to *When Winter Comes to Main Street*. It included biographies of *Bok*, *Abraham Lincoln*, *Pierre Curie*, *Walter Hines Page*, *R.L.S.*, and *Christ*.

Some of the books are short-time, others long-time loans. The collection will change from time to time trying to keep pace with requests that are sent in to the hospital librarian.

A METHOD OF STERILIZING SURGICAL NEEDLES THAT PREVENTS RUSTING

By LOUISE SCHWARTING, R.N.

BECAUSE NEEDLES sterilized by boiling, rust badly, because this makes them dull and therefore hard to pass through the tissues in suturing, because it further means much hard, tedious work on the part of the nurses whose task it is to scour them, and because even with the greatest pains only partial results are obtained in the removal of rust, we began experimenting by using in turn, vaseline, sweet almond oil, three-in-one oil, cottonseed oil and mineral oil to saturate the gauze into which the needles had been stuck and then sterilizing them in the autoclave in an open ointment jar, the cover of which was likewise sterilized and placed on the jar by means of a sterile forceps before removal from the sterilizer, to prevent contamination.

These experiments resulted in partial successes or complete failures and led us to look further for a noncorrosive protective covering for the needles. The Sister in charge of the surgical pavilion then hit upon the idea of shav- ing a little paraffin onto the gauze that held the needles, rolling it loosely and, as before, placing it in an open ointment jar and sterilizing it in the autoclave. The result was perfect. The

needles remained as bright as before sterilization. We have used this method now for nearly two years to prove its value before passing the suggestion on to others. To our great satisfaction, the needles do not rust; they stay sharp much longer, thereby materially reducing replacement cost; surgeons are pleased with the greater ease of using sharp and bright needles and the nurses are spared much time and unproductive and thankless labor formerly spent in polishing needles which did not stay bright even through one sterilization by boiling.

Sets of needles suitable for various operations are kept on hand ready for use. At the close of the operation the instrument nurse places them in a small basin containing a strong solution of lysol where they remain till they can be washed and prepared for the next sterilization. In this way rusting is prevented at every point in the process of use and preparation for use, and we find that fewer needles are lost than when they are thrown into the basin with the larger instruments. Incidentally we find that selecting needles for each operation consumed much time saved by this method.

CHILD MANAGEMENT

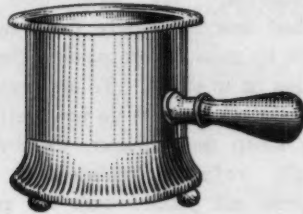
A very valuable pamphlet just put out by the Children's Bureau, Washington, D. C., is "Child Management," by Dr. D. A. Thom. Doctor Thom is director of the Habit Clinics of Boston. In this monograph he discusses Habits, The Parent, Feeding, Jealousy, Fear, Anger, Sex Instruction and Environment.

ARTHRITIS OF THE MENOPAUSE

A study of fifty cases of arthritis of the menopause by Russell L. Cecil, M.D., and Benjamin H. Archer, M.D., appeared in *The Journal of the American Medical Association* for January 10, 1925. It is a subject of interest to nurses, particularly those in public health nursing who have many arthritic patients to care for.

UNIQUE USE OF ELECTRIC SHAVING MUG

THIS ELECTRIC shaving mug will supply boiling water almost instantaneously when attached to any lamp socket or other outlet. It is being



used with much satisfaction in the University Hospital, Denver, Colorado, for the preparation of hypodermics. Says Martha M. Russell, "We put the hypodermic syringe and needle and spoon and a pair of thumb forceps in water, in the mug, turn on the current; by the time we have found our tablet, the water has boiled and we have a sterile needle and syringe ready for use. It seems simpler than anything else we have been able to devise."

CENTRALIZED TEACHING

I

AN EXPERIMENT WITH SMALL AND SCATTERED SCHOOLS

BY LOUISE PARSONS, R.N.

THE PROBLEM of how to supply the necessary teaching for the smaller schools has been one of the most difficult questions that nursing education has faced, particularly in the first part of the training where there is a larger proportion of theory. Unless the small schools can provide adequately for this teaching they cannot meet the requirements for registration, neither can they attract the desirable students to their schools.

In the city schools, where the classes are large enough and the finances warrant it, one or more full time instructors can usually be secured with no great difficulty, but in the smaller schools located just outside of the cities, where classes range from four to fourteen and sometimes less, the question of providing this teaching is a serious one. Doctors are not interested in teaching the basic subjects, especially to so small a group, and the superintendent

and her assistant have enough to do, especially if they must do the teaching of nursing procedures and supervise the practice.

This problem has been solved in Westchester County, New York, by five of the smaller hospitals in a radius of about twenty miles. The hospitals coöperating are the Mount Vernon, the New Rochelle, the Port Chester, the White Plains and the Bloomingdale, the latter being on the outskirts of White Plains.

There were three fundamental problems to be solved: first, a suitable class room; second, an instructor, and third, the question of transportation of students.

The first problem, that of the class room, was in this case a simple one as there was an Educational Building on the grounds of the Bloomingdale Hospital and Doctor Russell offered this for the class room. It is not ideal, for it

lacks a regular laboratory, but in other ways it is very satisfactory, especially as it is detached from the rest of the hospital. In the same building is a room which was fitted up as an office for the instructor. This has a desk, bookcase, files, typewriter and table; the class room has blackboards, skeleton, charts, etc., and regular desk student chairs. In almost any community could be found some school or building in which one or two rooms could be utilized for this type of instruction.

The second problem should be easily solved, for there are many instructors who would welcome such a piece of experimental work with the promise of larger groups of students. The present instructor was appointed educational director of the school in 1923 by the Committee which consists of the superintendents of the schools from these five hospitals. The director has charge of the class schedules and teaching and sends reports of classes and students' work to the superintendents at regular intervals.

The third problem should be no harder for other communities than it has been in this case, where there is no direct means of transportation between the schools. Two of the hospitals have arranged bus transportation, one sends its students by taxi and one sends its students part way by ambulance and part way by electric. The greatest distance covered is eleven miles each way. It has proven beneficial to the students' health to have a compulsory outing daily, rain or shine, and they come to classes fresh from out of doors.

The general plan as formulated by these schools has been to keep the students at the home schools in the

mornings for instruction in Nursing Procedures, Hospital Housekeeping and Ethics and for a regular two-hour study period. After dinner, the students are sent to the Central Classes for three hours of lectures, five afternoons a week, for four months. This gives each of the two sections admitted about two hundred and twenty hours of centralized instruction.

The expenses of the school, director's salary, supplies and publicity, are shared equally by the five hospitals regardless of the size of their group. Each hospital attends to its own question of transportation. A small folder has been published which is used by each of the schools with its own prospectus.

The subjects taught in these classes are:

Anatomy and Physiology	75 hours
Hygiene and Sanitation	25 hours
Drugs and Solutions	25 hours
History of Nursing	25 hours
Bacteriology and Pathology	35 hours
Elementary Massage	10 hours
Chemistry and Physics	30 hours
Psychology	15 hours

These hours vary a little with the different groups.

Dietetics is given at the home school closely following the above subjects. Some of the Bacteriology and Pathology laboratory work is also given separately.

This school is now completing its second year and we have every reason to believe it will continue and we hope it may take in other near-by schools. If this group of schools with their difficulties of transportation, is solving the teaching problem so successfully, I see no reason why other communities of the same type could not work up a similar arrangement.

II

THE MILWAUKEE CENTRAL SCHOOL OF NURSING

By ETHEL J. ODEGARD, R.N.

THE MILWAUKEE Central School of Nursing is conducted by the organization known as The Milwaukee Council of Nursing Education. The work of the Council, that is, the establishing of the Central School of Nursing, was developed during the summer of 1923 and was formally organized and incorporated under the laws of the State of Wisconsin in September, 1923. The membership is composed of the Superintendent of each hospital affiliated, one member from each hospital's board of trustees, and the superintendent of nurses from each hospital represented. The executive committee of the Council is composed of the respective superintendents of nurses. The director of the Central School is an ex-officio member of the Council and of the executive committee.

The schools of nursing which are members of the Council and thereby send their students to the Central School are the Milwaukee County Hospital, the Mount Sinai Hospital, The Deaconess Hospital, and the Milwaukee Hospital.

The faculty consists of one director, and four instructors of which the director is one, for the courses given in the first semester. Two of these instructors are full time, all have bachelor's degrees in the arts or sciences. There are approximately twenty other instructors and lecturers giving one-unit courses of sixteen hours each, to short courses which consist of only three or four lectures.

The Central School of Nursing is

fortunate in having been organized with a successful financial arrangement. To Marion Rottman, Superintendent of Nurses at Mt. Sinai Hospital, is due the credit for establishing the relationship between the Emergency Hospital and the then still unorganized Council of Nursing Education. Miss Rottman, who had been superintendent of nurses at the Milwaukee Emergency Hospital, went to the board of trustees there and laid her plans for developing a central school of nursing before them. The Emergency Hospital which had been employing graduate nurses for its service agreed to employ student nurses at the same rate as they had paid the graduates. The offer of the trustees was accepted at a lesser rate, however, in that the student nurses are paid \$75 a month for an eight-hour daily service. This money goes into the educational fund of the Council, and serves to pay the salary of the director and instructors of the Central School, with the exception of the Normal Nutrition instructor who is furnished by the Vocational School. The four hospitals which comprise the Council send two or more senior students to the Milwaukee Emergency Hospital for this affiliated service in emergency work.

The service which these students receive is extremely valuable. All of the accident and poison cases of the city go there. The knowledge gained in the observation and treatment of poison cases alone is worth a great deal. As everyone knows, the poison cases in the general hospitals are rare. Patients

are also sent to the Emergency Hospital for mental observation. Students who do not have a special period of affiliation with a mental disease hospital receive considerable insight and understanding of that type of patient.

The School of Nursing is located at the Milwaukee Vocational School. We have one laboratory for the use of the school entirely and the use of two other laboratories. We also have one recitation room, which is used for the Central School exclusively, and the use of one of the large lecture rooms for our centralized lecture group, and the school auditorium when necessary.

The equipment which is provided for the work closely parallels that in any college or university school. In History of Nursing and Ethics we are developing a library which we hope will be used more in the future. As it is now, the students do not have time to do library work at the school. A set of slides for History of Nursing is provided as well as two excellent Rand-McNally maps. We have complete individual equipment in Drugs and Solutions. This includes flasks, graduates, hypodermic syringes and sterilizers. Scales and weights are provided whereby the students familiarize themselves with both the apothecaries' and the metric systems.

The chemistry laboratory as well as the normal nutrition laboratory are fully equipped to carry out the work adequately.

The laboratory work in Anatomy and Physiology consists in studying prepared material such as microscopic slides, and animal dissection. For this latter work we use specially embalmed and injected cats. The students are provided with mimeographed laboratory

outlines. As everyone knows, sciences can only be learned by actual handling and seeing. In addition to our prepared material we have a skeleton and several very fine anatomical models.

In Bacteriology our laboratory is equipped with such essentials as a steam autoclave, Arnold steam sterilizer, incubator and ice box. Each student has her own desk and is equipped with platinum needles, test tubes, Petri dishes, slides, etc. In addition, each student has her own microscope.

All equipment used by the Central School of Nursing is provided by the Milwaukee Board of Industrial Education through the Vocational School.

The Milwaukee Central School, in its second year of organization, has increased its educational service to comply with the needs of the hospital schools of nursing and the demands of progressive nursing education. The school is offering courses to three groups of students, first semester or preliminary students, second semester and advanced students.

As a prerequisite to a sound educational policy we are raising our entrance requirements as rapidly as we can. One school has the four-year entrance requirement and the other three schools are hoping to establish the same rule as soon as possible. The registration in the preliminary course in September was seventy, and in February, thirty-five students. Of the fall group, three-fourths of the class were high school graduates and the standard is equally as high in the second semester.

The first semester offers the basic sciences with the other usual preliminary subjects such as History of Nursing and Ethics. Ninety-six hours are

given to Anatomy and Physiology, forty-eight hours to Normal Nutrition, and in February we increased the Chemistry and Bacteriology to eighty hours each. The curriculum of the first semester naturally occupies the major part of the entire work done at the school. A total of 320 hours was given in the fall course, which has been increased to 384 hours in the preliminary course of the second semester. This does not include the Principles and Practice of Nursing which is taught in the home schools.

The second semester students or juniors attend the school two afternoons a week. They have the courses Materia Medica, Psychology, Surgical and Medical Diseases, and Diet in Disease.

The advanced students attend lectures in the evening and one afternoon a week. These courses are given by various doctors, directors of nursing organizations, both state and municipal, and social workers in the city. These courses come under three groups; namely, Surgical and Medical Diseases including Psychiatry, Public Health, Social and Professional Problems. We

hope in a year from now to arrange this work in the afternoon entirely. This will mean that the courses will have to be offered twice a week in order that too large a group of nurses need not be away from the hospital at one time. This arrangement will be facilitated when our class and lecture room space is increased.

An affiliation was made the second semester of this school year with the Extension Division of the University of Wisconsin. A three credit course in Bacteriology was arranged; it is being given under the direction of Prof. W. D. Frost of the University. Students who are eligible to university matriculation will receive the university credit upon the successful completion of the course.

The outlook for the Milwaukee Central School of Nursing is most hopeful and encouraging. The superintendents of nurses who are in the Milwaukee Council of Nursing Education are making every effort to cooperate with each other and with the school for its success, which in the last analysis means the educational advancement of their students.

III

IN WASHINGTON, D. C.

By ELIZABETH MELBY, R.N.

DURING THE past two years the League of Nursing Education of the District of Columbia has maintained as its chief interest the establishment of a Central School of Nursing. The school functions under a committee consisting of superintendents and instructors from the various schools of nursing in the District, appointed annually by

the President of the League. There are thirteen schools of nursing in connection with the hospitals in the City of Washington. Of this number, seven—Children's, Columbia, Emergency, Gallinger, Garfield, Homeopathic, and Sibley—send their preliminary students to the Central School for instruction.

The Central School is in affiliation

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with the George Washington University, of Washington. The instructors are members of the medical school faculty, and lecture and laboratory rooms are provided in the Medical Building of the University. Two courses of four months each are given during the year, the winter semester from September to December inclusive, and the spring semester from January to April inclusive. Students are admitted to the individual schools only at the beginning of these periods.

The curriculum covers the subjects of the preliminary period. The contents of the courses are in compliance with the requirements of the Standard Curriculum. The subjects of the present semester, which constitutes the fourth course of instruction, are Chemistry, Personal Hygiene, Ethics, Bacteriology, Histo-Anatomy, Pathology, and Psychology. To such students as satisfactorily complete the subjects given, and who otherwise meet the matriculation requirements of the University the following credits are granted: Chemistry, 1 unit; Bacteriology, $1\frac{1}{2}$ units; Histo-Anatomy, 1 unit; and Pathology, $1\frac{1}{2}$ units, thus making a total of 5 units of university credit that may be secured upon the completion of the preliminary term. No credit is allowed by the University for the other courses. Nutrition and cookery will be added to the above schedule when the university laboratories now in the process of building are completed. Practical nursing will continue to be taught at the individual schools. Thus far there has been no attempt made to incorporate this course into the Central School. There is, however, a series of practical nursing demonstrations given each year, the

series of the present year being presented by the students of the Emergency Hospital in their new class room.

In addition to the instruction of the preliminary period, the Central School Committee also manages several of the courses of the third year. Of this schedule the course in Psychiatric Nursing is given at St. Elizabeth's Hospital by members of the medical staff at that institution, and courses in Public Health Nursing and Professional Problems at the George Washington University by lecturers who are recognized experts in the particular line with which their subject deals.

In the preliminary course the instruction covers a period of eight hours per week, all classes being held in the afternoon. This schedule enables the various hospitals to give nursing instruction, both practical and theoretical, during the forenoon hours. All senior lectures and classes are at eight in the evening.

The splendid coöperation of President Lewis, Doctor Hunter, Dean of the Medical College, and other members of the George Washington University faculty has made the Central School possible from an economic point of view. With the provision of expert instructors and class room facilities, the cost of the course is for laboratory materials only, amounting to approximately ten dollars per student for the entire course. This cost is met either by the individual school through the board of trustees, by the laboratory fee of five dollars paid by the student upon entrance, or by the League in case the school cannot make the necessary payment. For this purpose the League maintains an Educational Fund, which can be used for no other purpose than to defray expenses

incurred in the management of the Central School.

The fine spirit of the student body has caused a continual improvement in the Central School. During the semester just completed there was no problem of tardiness nor of absence, and very few failures. Of the 140 completing the course 75 per cent. were high school graduates, although the educational requirements of the District are but two years of high school.

Thus far the Central School is experimental only. It is unique in the fact

that it is a school managed by the League of Nursing Education of the District, and to that organization it is a source of vital concern. It is made possible through the interest and cooperation of President Lewis and Doctor Hunter, who have so generously made available the university resources. It is undoubtedly influencing young women of good educational standards to enter the schools of the District, and to them and to their instructors it serves as an inspiration for the attainment of higher education.

OUR CONTRIBUTORS

The breadth of view of the article on Alumnae Spirit by **Major Julia C. Stimson, M.A., R.N.**, is the result of active participation in the work of the Alumnae of Vassar College in addition to much work with nurses. (See *Who's Who*, October, 1924).

The History of the Navy Nurse Corps was prepared especially for *The Journal* by **J. Beatrice Bowman, R.N.** (See *Who's Who*, November, 1924).

In common with many other nurses, **Ellen G. Dawson, R.N.**, entered nursing with a background of teaching. She is a graduate of the University Hospital School of Nursing, Iowa, where she held various supervisory positions after graduation. Miss Dawson is now supervisor of the medical department of the Evanston Hospital, Evanston, Ill.

Lily H. Graham is one of the able physiotherapists produced by the war. She received her training at Reed College, Portland, Oregon, and became Chief Aide at Fort Sheridan, Ill. Later she took the Harvard course in Physiotherapy under the late Dr. Robert W. Lovett and is now in charge of the Physiotherapy Department of the Children's Hospital, Los Angeles, Cal.

We are told that **Martha Koehne**, Assistant Professor in Home Economics, University of Washington, Seattle, possessed unusual skill in presenting the facts of nutrition to public health workers. We think the article, *To Reduce or Not to Reduce*, fully substantiates the claims made for her. The American Association of University Women has just granted the first Mary Pemberton Nourse Memorial Fellowship for work in public health to Miss Koehne who will spend a year in study at Yale.

Georgia B. Spainhower has had courses in art, crafts, and special courses in Interior Decorating at the Art Institute of Chicago. She is also a graduate of the Favill School of Occupations. Miss Spainhower has been Occupational Therapist on the faculty of the Illinois School of Psychiatric Nursing for three years.

The value of institutes is by no means limited to nurses of limited preparation, a fact well brought out by **Francis Brewington, B.S., R.N.**, in her "appreciation." Miss Brewington is a graduate of the Wesley Memorial Hospital School of Nursing and of Columbia University. She is director of the Social Service Department in her home hospital, and an assistant instructor in the school of nursing.

Perrie Jones is hospital librarian of the Public Library of St. Paul, Minnesota.

Ethel J. Odegard, A.B., R.N., is a graduate of the University of Wisconsin and has supplemented her nursing education by both hospital and Teachers College postgraduate work. She has been a superintendent of nurses as well as instructor and is now director of the Milwaukee Central School of Nursing.

Elizabeth Melby, B.A., R.N., 1st Lieut., Chief Nurse Army Nurse Corps, is Chairman of the Committee under which functions the Central School of Nursing of which she writes. Miss Melby has had the title of Director of the Army School of Nursing since 1918 and was granted leave of absence in 1922 to secure her Master's degree at Teachers College.

Louise Parsons, R.N., Educational Director of the Central School of Nursing in Westchester County, New York, has a certificate for teaching in schools of nursing from Teachers College, and has a rich background of teaching experience, including two years in the Army School and two years in her present position. Miss Parsons is a graduate of the New York Hospital School of Nursing.

EDITORIALS

TO THE NURSES OF '25

YOUR COLLEAGUES in nursing greet you. You are welcomed with open arms. Your predecessors have striven to build a profession worthy of you. With many of the great gifts inherited from the pioneers your schools have endowed you. Other rich legacies will not be truly yours until you have allied yourselves with your alumnae and with the national nursing organizations which have done so much to give American nursing prestige in the world today. To this rich heritage of tradition, of idealism, of accomplishment, you will add the fruit of your own high-hearted hopes, your courage, initiative, resourcefulness, and the shy but shining spirituality of youth.

You are entering the promised land of professional activity at a propitious time. The world is teeming with opportunity for nurses with the will to do, with dauntless souls, and with sound preparation for this rewarding service. Excellent though the work of the past has been, there is much opportunity for original thinking. Let not professional stereotypes bar your way to true progress. Tilt at what may seem to you mere windmills of "it has always been so." You will frequently find yourself confronted not with a windmill but with a durable structure built of the very rocks of professional character. It is well for you to find out these things for yourselves. It may be that there are unwisely cherished fallacies or outworn beliefs that need you with your courage, your vigor, your optimism to overthrow them. If such

there be, we urge you to attack them vigorously and to "see it through."

Young in years, professional nursing is marvellously rich in the beauty of tradition, the splendor of idealism, the glory of achievement but it still possesses the plasticity of youth. It is constantly undergoing changes due to growth from within and pressure from without and it awaits your coming to carry it still further along its glorious course.

A SPLENDID GIFT TO THE SOUTH

THE SOUTH is to have a school with its own funds for the development of nursing and nursing education at Vanderbilt University. It is wholly fitting that this, the second gift of the Rockefeller Foundation to a school of nursing, should go to the South; the first, as all the nursing world knows, having been given to Yale two years ago. Geographically, Nashville is a strategic location for the new school and it is a recognized educational center; being the seat of George Peabody College for Teachers as well as of the University, it attracts students from a wide area.

Vanderbilt will provide an ideal setting for the school as the new buildings for the medical school and hospital and a new nurses' home are now nearing completion. Plans for the organization and conduct of the school are not yet completed but public health will be given due emphasis from the beginning of the course. It may confidently be expected that the school will attract well qualified students from all over the

Southland, that its graduates will be prepared to fill positions of leadership in teaching and in administrative positions in both schools of nursing and the public health field and thus a definite impetus be given to nursing programs already under way.

TEAM WORK

EVERY SO often we are confronted by statements that the medical profession is "going to do something" about the "nurse question." At such times, the man in the street might very easily obtain an impression that medicine and nursing are implacable enemies, a conclusion that every nurse who has worked happily with the great majority of the physicians with whom she has come in contact and who has a genuine admiration and respect for the older profession, knows to be erroneous. Engaged in a coöperative enterprise, it would indeed be surprising if the interests of one group did not sometimes impinge uncomfortably on the interests of the other, if misunderstandings did not arise and even if, occasionally, some lively hates were not engendered, for that is the way of life. Medicine, as it progresses, tends to turn over to nursing more and more responsibility; and nursing, as it progresses, develops more and more initiative, but the process is in each instance far from uniform. What Doctor A expects, nay, demands, of a nurse, Doctor B accepts if it is offered, while Doctor C will have none of it and is sure the nurse is encroaching on the field of medicine.

Conversely, what Miss A has to give in knowledge, skill and social vision may be vastly unlike the contribution of faithful Miss C whose opportunities for

study, observation and the development of initiative have been limited but who does possess considerable knowledge and much of the milk of human kindness.

One fact remains fixed. The professions are equally altruistic. Both are genuinely concerned with securing the best possible care of the sick and the best program of prevention. Both believe in the right of individuals to develop to the utmost their capacity within the limits set by society and by the particular professional group with which they have allied themselves. What then is to be done about all the variables, the misunderstandings, the subversive activities that tend to tear down what has been laboriously built up?

Greater frankness would do much,—immediate investigation of charges. One story of poor nursing, true though it be, if repeated often enough can give the effect of a whole army of nurses gone wrong. That is exactly what happens when such statements are allowed to go uninvestigated and unchallenged. Nurses are not perfect. They do make mistakes. Some of them may even be mercenary. Discussion of these things in medical groups alone merely adds fuel to the flames of misunderstanding.

What is needed is opportunity for investigation, conference and discussion between the two groups. It is extremely disconcerting to discover that nurses are supposed to be averse to conferences with physicians and that physicians will not institute such conferences because nurses are believed to have closed minds!! We cannot too strongly urge the importance not only of accepting but of seeking opportunities for conference on moot questions that have to do

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with the mutual contribution of the two professions to mankind, and by conference we mean thoughtfully arranged meetings of properly qualified groups charged with the responsibility of presenting the carefully considered views of each profession. Out of such conferences should come constructive programs, in which both physicians and nurses would participate. There would be hope of better legislation than any we have yet had. Such conferences should ultimately do away with the now all too frequent efforts on the part of medical groups, to secure ill considered nursing legislation,—ill considered because based on too limited knowledge or lack of understanding.

It will be found that the public, for whose service both groups exist, wants and must have the highest type of nurse it is possible to produce. Lowering of educational and professional standards will not satisfy the consumer, the public. There is abundant evidence from our registries that the public wants and should have the most intelligent and sympathetic care it is possible to secure. If it wants *more* nursing, that is a characteristic of the times. It also wants more money, more automobiles, finer homes, more comforts, of every sort. It makes the effort and adjustment necessary to secure other goods. It will have to make adjustments to secure more nursing but more nursing does not necessarily mean more hours of nursing time. It can be provided by *better use* of nurses' time. More group nursing in hospitals, more hourly nursing in homes, administered by visiting nurse associations or by highly organized central registries, would go far to meet this cry of shortage which, after all, is for the

country at large, seasonal and occasional. It is not more nurses but a wiser use of nurses' time that is needed. It would be economically unsound for either the public or nurses themselves to attempt to maintain throughout the year a sufficient body of nurses to meet the brief demands of epidemics when such demands could be met by adjustments in nursing service and by reducing the amount of nonimperative surgery. Let us cease discussing these things one-sidedly. Let us welcome opportunities for conference and discussion in mixed groups and let us listen with open minds. Says a recent writer, "when interests *confront* each other one of four things may happen: (1) Voluntary submission on one side; (2) Struggle, and the victory of one side over the other; (3) Compromise; (4) Integration."

We know that submission, struggle and compromise are, each in its way, unsatisfactory and unprogressive.

Integration means careful analysis of the problem and the creation of new values which will synthesize the various needs and desires of both. In the case of the desires of medicine in relation to nursing and the desires of nursing in relation to medicine, and of both in terms of service, we are convinced that integration means not a limitation of but an increase in nursing knowledge and nursing strength and an increased respect for medicine, great though that has always been, and we believe that this can be brought about to the mutual advantage of the two professions.

In the best interests of those we serve, it is imperative that we get together and give of our best thought to an integration of the desires, needs and aspirations

of the two groups in their coöperative and altruistic mutual enterprise.

CARE OF THE AGED

SUCCESS IN nursing the aged has, we believe, rarely been based on any very definite body of knowledge on the subject. Rather it has come to those who have learned of the peculiarities of age in their own homes and to those with somewhat unusual gifts of patience and of sympathy.

The modern health movement is constantly increasing the span of life expectancy by its steady onslaught against preventable disease. Says Dr. Haven Emerson in the remarkable "Hearts" number of *Survey Graphic*, "Since our Civil War about twenty years have been added to the measure of life we may reasonably promise to our children." The nursing profession therefore must expect to care for relatively larger and larger numbers of patients suffering from degenerative conditions.

Is it perhaps time for nurses to consider yet another specialty?

AN A. N. A. SERVICE

THE AMERICAN Nurses' Association has just mailed to each one of the 1,744 accredited schools of nursing an historical sketch of the association, a list of the accredited schools, and a copy of the Digest of the Laws on nurse registration published by the association. This digest was compiled by Lucile McCarthy of the Wisconsin Legislative Reference Library and most generously turned over to the Association for publication and distribution.

This is all extremely valuable reference material of a sort that should make

it possible for the schools to further extend the advisory service they so gladly render their graduates, particularly those just leaving the portals of their Alma Maters. It should also be useful to that faculty member in each school, usually the principal, who is charged with the responsibility of conducting the course in professional problems.

This is a type of service rendered by our national nursing headquarters of which individual nurses are often unaware but it affects all nurses and tends to knit together the many strands of the profession.

A. N. A. ADVISORY COUNCIL MEETING

THE BOARD of Directors of the American Nurses' Association, in planning for an Advisory Council meeting at the time of the meeting of the National League of Nursing Education to be held in St. Paul late this month, believed that a relatively large attendance of the State Presidents, who form the Council, would be possible. The Council members, too, voted enthusiastically for it. The middle west, at least, is expected to send many representatives. The subjects of discussion were sent out weeks ago with the call for the meeting but we would again remind our readers that the proposed plan of coöperation between National Headquarters and State Associations is to be discussed. Many states have been working more actively since the Detroit meeting than ever before. Plans for state headquarters are going on apace. The time is ripe for thoughtful discussion of the relationship between the state and the national association for developing plans for closer coöperation and thus for wider professional usefulness.

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WHO'S WHO IN THE NURSING WORLD



XLVI. SISTER MARY JOSEPH, R.N.

BIRTHPLACE: Salamanca, N. Y. **PAR-ENTAGE:** Irish-American. Came to Minnesota at the age of five. **PRE-LIMINARY EDUCATION:** Public schools and Academy of Our Lady of Lourdes, Rochester, Minn. Entered the convent of the Sisters of St. Francis in 1878. Taught in schools conducted by the Sisters; appointed to St. Mary's Hospi- tal, Rochester, Minn., in 1889; surgical assistant to Dr. W. J. Mayo, 1890 to 1915; in charge of St. Mary's Hospital since September, 1892. Dr. W. J. Mayo wrote of her in 1922: "For over thirty years she has been the guiding spirit and presiding genius of Saint Mary's Hospital. Her indomitable cour- age, keen sense of justice, and sym- pathetic understanding of humanity, have

enabled her to play the most important role in the development of this insti- tution. She has served in almost every capacity in the work of the hospital. For twenty-five years she was my assistant in the surgical operating room, and of all the splendid assistants I have had, she easily ranks first. Her keen- ness of perception, clinical acumen, and delicacy of touch, contributed to the success of many most diffi- cult operations. The experience she gained as nurse, operating room assistant, and matron of the hospi- tal, brought out qualities of mind and heart and hand that make her one of the foremost authorities of the world in hospital work. Long may she guide the destiny of Saint Mary's!"

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., Department Editor

REVISION OF THE STANDARD CURRICULUM

(Continued)

ANATOMY AND PHYSIOLOGY¹

Time: 90 hours. Divided approximately into 30 hours of lecture or class and 60 hours of laboratory, demonstration, discussion, review, written and oral quizzes.

Teacher: The course is in charge of a qualified instructor who may be a nurse, a physician or other specially prepared teacher. There is a special advantage in having a nurse assist with the course, even if she does not direct it, in order that the subject may be properly correlated with nursing practice.

Objects of the Course: 1. To stimulate in the student an interest in and appreciation of the human body as an efficient machine; to give the student a practical working knowledge of the structure and function of the normal human body as the essential basis for the study of hygiene, dietetics, materia medica, and all pathological conditions, as well as for the safe and intelligent practice of nursing.

2. To discourage popular, haphazard and pseudo-scientific ways of thinking about the body and its functions; to give practice in the correct use of ordinary scientific terms; to train in habits of exact observation and reasoning, and to arouse an intelligent interest in modern scientific work.

OUTLINE OF LECTURE, CLASS, LABORATORY AND DEMONSTRATION WORK

I. Introduction.

(Lecture or Class) Discussion of terms biology, zoölogy, botany, embryology, histology, anatomy and physiology. Brief historical introduction (See Locy, *Biology and Its Makers*). Biological functions common to all forms of life; eight biological systems.

(Laboratory or Demonstration) Dissection

¹This outline was prepared by a sub-committee composed of the following members: Susie A. Watson, Chairman; Katharine Ink. Caroline Stackpole, Carolyn E. Gray, Sister Domitilla, Blanche Pfefferkorn, Mary Marvin.

of one small animal,—rat, rabbit, frog or guinea pig, to show animal as a whole and eight systems.

II. Embryological Development.

(Lecture or Class) Embryonic origin of tissues and their development.

(Laboratory or Demonstration) Models, slides and diagrams illustrating egg cells, sperm cells, fertilization, the formation of the three embryonic layers and the folding off of organs.

Note: The Jewel models are good for development.

III. The Cell.

(Lecture or Class) The cell, its structure and activities; osmosis and dialysis.

(Laboratory or Demonstration) Examination of living cell, such as amoeba, paramecium, onion cell, cells from inside of lower lip. Demonstrate plasmolysis of onion cell, also show movement of protoplasm in Elodea. Slides to show the different stages of mitosis.

Note: It is suggested that material included in III, which has been covered in bacteriology, be omitted at the discretion of the teacher.

IV. Tissues.

(Lecture or Class) Classification of tissues. Description and function of epithelial and connective tissues. Indicate in what part of the body each is found. (Muscle and nerve tissues may be presented very briefly and taken up in detail under VII and IX.)

(Laboratory or Demonstration) Slides illustrating various types of epithelial and connective tissues, including bone and cartilage.

V. The Skeletal System.

(Lecture or Class) Study of the skeleton as a whole: head, trunk, extremities, referring constantly to the formation of bones of the

different parts of the skeleton as related to function. Classification of bones, and study of the various terms used to describe special characteristics such as process, foramen, tuberosity, etc., explaining their purpose in connection with these terms.

(Laboratory or Demonstration) Use skeleton and disarticulated bones for illustration. If available, the skull or other bones of ape, horse, or any lower animal are excellent for comparative study.

VI. *The Skeletal System Continued.*

(Lecture or Class) Chemical composition of bone. Periosteum, its function and relation to growth and repair of bone. Study of structure and function of various types of joints.

(Laboratory or Demonstration) Show bones treated with acid to dissolve out the mineral matter, and others that have been burned to destroy the organic material. Observation and study of fracture conditions in the wards. Indicate importance of food to growth of bones and illustrate, if possible, by child with rickets. X-ray plates are helpful. Examine sections of fresh bones from the butcher's with as many types of joints as possible. Study and illustrate joints on skeleton and living subject.

VII. *The Muscular System.*

(Lecture or Class) Histology of muscle tissue; physiological characteristics of muscle tissue; chemistry of muscle tissue; chemical changes accompanying activity; relaxation and rigor mortis.

(Laboratory or Demonstration) Slides of muscle cells. Demonstration showing curve of muscle contraction and changes in curve as a result of repeated stimulation (fatigue). Demonstration of good exercises for activity of various muscles.

VIII. *The Muscular System Continued.*

(Lecture or Class) Study of the more important muscles in functional groups, especially those involved in common activities, treatments and surgical operations. Diaphragm, relation of organs in thoracic and abdominal cavity to diaphragm. Locate and describe inguinal canal, hernia, Poupart's ligament, Scarpa's triangle, tendon of Achilles.

(Laboratory or Demonstration) Have stu-

dents locate muscles on manikins, charts and human material if available. Study gross muscle and muscle attachments in fresh specimens (rabbit, rat, frog and guinea pig). Dissect a small animal to show action of the diaphragm in respiration.

IX. *Nervous System.*

(Lecture or Class) Histology of nervous tissue. Study of the reflex arc, a receptor, afferent processes, cell bodies, efferent processes, the synapse. Types of nerve stimuli, the nerve impulse, fatigue in the reflex arc. Reflex and reaction circuits.

(Laboratory or Demonstration) If possible show conduction by a nerve. Examine microscopic slides showing simple receptors, e.g., tactile corpuscles, longitudinal sections of a nerve, nerve cells of cerebrum, cerebellum, cord and ganglia.

Note: Other receptors such as the eye and ear may be studied here or at the end of the course.

X. *Nervous System Continued.*

(Lecture or Class) Spinal cord. Its location in neural canal, pointing out the relationship of length of spinal cord to vertebral column in children and adults (importance of this knowledge in preparing for lumbar puncture). Gross structure. Cross section. Function. Spinal nerves; function.

(Laboratory or Demonstration) Show fresh or preserved specimens of brain and spinal cord. If possible have specimen showing spinal nerves. Charts and illustrations from various text books.

XI. *Nervous System Continued.*

(Lecture or Class) Brain. Relation to skull. Gross structure, subdivisions and function. Localization of function in cortex. Cranial nerves; function.

(Laboratory or demonstration) Charts, models and fresh specimens for illustration. If possible secure a brain which will fit into an open skull to show position; point out position of different parts of the brain on skeleton and on a subject. It is suggested that the teacher make diagrams to show one sensory path and one motor path in order to give the student some appreciation of how stimuli reach the spinal cord and brain and how motor impulses are transmitted from the

brain and cord to muscles. Charts and illustrations from any good anatomy are most helpful in studying both cranial nerves and paths.

XII. *Nervous System Continued.*

(Lecture or Class) Autonomic system. Its location and relation to the spinal cord and brain. Its parts and their functions.

(Laboratory or Demonstration) General survey of the nervous system. From a diagram of the nervous system as a whole, showing the relationship between the autonomic and central nervous system, trace nerves from the central nervous system and the autonomic system to the various organs, e.g., salivary glands, heart, stomach, pancreas and large intestines.

XIII. *Vascular System.*

(Lecture or Class) Blood. Composition and function. Coagulation and its causes. Antibodies (briefly).

(Laboratory or Demonstration) Let each student take a drop of her own blood and study under the microscope. Note form, color, size and arrangement of red blood cells and formation of clot. Note white corpuscles and look for amoeboid motion. Examine slides of blood, showing leucocytes prepared with differential stains.

XIV. *Vascular System Continued.*

(Lecture or Class) Heart. Position in relation to body wall, diaphragm, organs in thoracic and abdominal cavities. Pericardium; structure of the heart; difference between right and left heart; valves. Vessels entering and leaving the heart; course of blood through the heart. Nerve supply to heart.

(Laboratory or Demonstration) Dissect fresh specimen of heart and lungs (sheep or beef) to show cavities, orifices, valves, vessels entering and leaving the heart. If possible trace pulmonary artery into the lungs and pulmonary veins to the heart.

XV. *Vascular System Continued.*

(Lecture or Class) Structure and function of arteries, veins and capillaries. Systemic, pulmonary and portal circulations. Discussion of principal arteries and veins. Foetal circulation (briefly).

(Laboratory or Demonstration) Examine

capillary networks in prepared slides of various organs. Examine circulation in web of frog's foot, distinguishing between arterial, venous and capillary circulations.

XVI. *Vascular System Continued.*

(Lecture or Class) Heart beat. Factors affecting circulation. Pulse: where pulse may be taken. Blood pressure.

(Laboratory or Demonstration) Demonstrate use of stethoscope and sphygmomanometer. Take blood pressure of subject after various types of activity. Pith frog, open body wall and note change in position, form and color of heart during beat; discuss. If possible have living subject (child preferably) present, on whom the apex beat may be noted.

XVII. *Vascular System Continued.*

(Lecture or Class) Lymphatic system. Description and function of lymph. Anatomy and histology of lymphatic system.

(Laboratory or Demonstration) If possible demonstrate anatomy in which the lymphatic system has been injected. Microscopic slides of lymph nodes and ducts, and sinuses.

XVIII. *Glands.*

(Lecture or Class) Glands: types, function, where found. The endocrine system.

(Laboratory or Demonstration) Slides showing various types of glands. Specimens of glands, if possible.

XIX. *Respiratory System.*

(Lecture or Class) Anatomy and histology of the respiratory system.

(Laboratory or Demonstration) Dissection of lungs to show trachea, bronchi and bronchial tubes, branches of the pulmonary artery and pulmonary vein. Demonstrate sinuses connected with respiratory system; teach and discuss their hygiene.

XX. *Respiratory System Continued.*

(Lecture or Class) Mechanics of respiration. Lung respiration and tissue respiration. How the respiratory gases are carried in the blood.

(Laboratory or Demonstration) Examine slides of sections of lungs, plain and injected. Demonstrate vital capacity and the effect of

breathing on the oxygen content of air in a closed receptacle. Demonstrate that carbon dioxide is given off in respiration.

XXI. *The Digestive System.*

(Lecture or Class) Anatomy of the alimentary canal; teeth, salivary glands, tonsils, caecum, appendix, pancreas and liver. Coats of the alimentary canal.

(Laboratory or Demonstration) Slides showing structure of different parts of the alimentary canal, coats of the wall and glandular make-up; pancreas and liver.

XXII. *The Digestive System Continued.*

(Lecture or Class) Mechanical digestion: mastication, deglutition, peristalsis, antiperistalsis and defecation.

(Laboratory or Demonstration) With materials or charts demonstrate tooth arrangement in infancy, youth and maturity. Demonstrate relationship between deciduous and permanent teeth in infants and young people, and structure of tooth. Peristalsis can be demonstrated in the alimentary canal of a rabbit or fluoroscopic pictures of a subject.

XXIII. *The Digestive System Continued.*

(Lecture or Class) Chemical digestion. Chemical composition of digestive secretions. Classification of foods and the digestion of each in the mouth, stomach, small and large intestines.

(Laboratory or Demonstration) Chemical experiments to show digestion by saliva, gastric fluid and pancreatic fluid.

XXIV. *The Digestive System.*

(Lecture or Class) Absorption of foods from the alimentary canal by the circulatory fluids. Metabolism or the use of foods by the cells.

(Laboratory or Demonstration) Normal dietary requirements of cells, and a comparative study of cases and diets in the metabolic ward in relation to the atypical use of foods by the cells.

XXV. *Urinary System.*

(Lecture or Class) Elimination of the wastes of metabolism. Anatomy and histology of the kidney and urinary tract.

(Laboratory or Demonstration) Dissect sheep's kidneys. Show charts, models and

slides of kidney. Make diagram of uriniferous tubule and show its relation to blood vessels.

XXVI. *Urinary System Continued.*

(Lecture or Class) Physiology of kidney excretion. Origin and elimination of nitrogenous wastes. Description of normal urine and some of the abnormal constituents occasionally found.

(Laboratory or Demonstration) Examination and measurement of normal urine to show quantity, clearness, color, tests for albumen, sugar and other substances.

XXVII. *The Skin.*

(Lecture or Class) The skin. Histology. Functions.

(Laboratory or Demonstration) Examine slides showing skin, derma papillae, sweat glands, hair follicles and sebaceous glands.

XXVIII. *The Eye.*

(Lecture or Class) Anatomy of the eye, coats and fluids, the lens and the accommodation mechanism. The retina and vision.

(Laboratory or Demonstration) A study of eye models. Diagrams to show hypermetropia, myopia, presbyopia, astigmatism and the effect of lenses in correcting these defects.

XXIX. *The Ear.*

(Lecture or Class) Anatomy of the ear. Physiology of the ear, hearing and equilibration.

(Laboratory or Demonstration) A study of ear models and histological preparations of cochlea.

XXX. *Reproductive System.*

(Lecture or Class) Anatomy and physiology of normal male and female reproductive organs. Hygiene of menstruation.

(Laboratory or Demonstration) Dissect reproductive organs of a cat, rabbit, guinea pig or rat (pregnant preferably). Use also models and preserved specimens.

METHODS OF TEACHING

1. In the class room, groups of 30 pupils or more can be handled, but in the laboratory, smaller groups not exceeding 15 to 20 are advised. Ten to twelve are better.

2. It is important to have pupils themselves

handle material and carry out observations and experiments as far as possible. The more fresh material the better. Laboratory work arouses interest, stamps facts in the memory, trains in careful observation and clears up difficulties. Clearly written directions should be given for all laboratory exercises. Students can often work in groups of two or three, where materials and equipment are limited. Notebooks of laboratory work should be kept with diagrams and drawings, descriptions of experiments, etc. These should be handed in for inspection at regular intervals within a week of the laboratory period.

3. Demonstrations are very important and may often be substituted where time and material are limited. Some teachers advocate the observation of one or two post mortems for pupils in anatomy classes, but this would probably come more profitably in the latter part of the course.

4. The lecture method should be used to present new material; assignments made in one good textbook and supplemented by reference reading. Short papers on special topics may be assigned to pupils in turn and read in class. There should be frequent quizzes, either oral or written, or both.

5. Special emphasis should be laid on the phases of the subject which apply to nurses' work, and correlation made with parallel courses in chemistry, bacteriology, hygiene, dietetics, nursing practice, etc.

6. Good blackboard work is essential here. A good sized blackboard and colored chalks should be provided. Students should be encouraged to use diagrams extensively in notebooks and should learn to draw on the blackboard.

7. In this outline only suggestions in division of subject matter are made, the detailed outline being left to the instructor who makes the lesson plans.

8. It is not expected that this arrangement of topics will suit all teachers. Many prefer to take the skeletal and muscular systems before tissues, some introduce the nervous system later in the course, and some take the digestive before the circulatory system. Such readjustments in the order of topics would not alter the general character of the course

any more than the addition of extra hours where needed.

EQUIPMENT AND ILLUSTRATIVE MATERIAL

Skeleton with separate skull, separate bones; compound and dissecting microscopes (one for each student, if possible), colored chalks, charts, slides and X-ray plates; papier-mache manikin and models of kidney, sweat glands, eye, ear, etc. Specimens in formalin,—brain, kidney, spinal cord, larynx, etc., modelling clay. Excellent home-made charts can be made with manila paper and wax crayons or with Bristol board and paints or water colors, and unprepared architect's cloth.

MATERIALS TO BE KEPT IN CLASS ROOM (FOR A GROUP OF 20)

Two trays; 10 dissecting pans with paraffin (squares of soft wood or cork linoleum may be used instead of paraffin pans); flat glass dishes; 10 finger bowls; 10 small glass jars; bank pins; 8-inch square gauze; paper pins (small); 20 dissecting needles, 20 dissecting forceps, 10 scalpels, 10 pairs scissors; 10 Bunsen burners; 10 tripods; 10 wire screens; 10 small alcohol lamps; dishes for specimens, glass covered jars for specimens; labels, slides, cover slips; 5 red wax pencils; 5 dozen test tubes; 10 test tube racks; 10 glass funnels, different sizes; 10 test tube holders; stickers; cotton thread No. 36; 5 casseroles; 4 mortars and pestles; filter paper; litmus paper; 10 glass stoppered bottles; HCL 0.2 per cent.; HCL 10 per cent.; Fehling-Benedict's solution; iodine; sodium hydroxide; alcohol; 10 per cent. formalin; 10 glass stirring rods; 10 pipettes.

TEXT- AND REFERENCE BOOKS²

Group I.

Burton-Opitz, *An Elementary Manual of Physiology*.

Gray (Lewis edition), *Anatomy*.

Howell, *Textbook of Physiology*.

Kimber-Gray, *Anatomy and Physiology*.

Piersol, *Normal Histology*.

Prentiss-Arey, *Textbook of Embryology*.

Sherman, *Chemistry of Food and Nutrition*.

Stiles, *Nutritional Physiology*.

²Group I is composed of books considered essential; Group II of those distinctly helpful, and Group III of other good reference books.

Williams, Textbook of Anatomy and Physiology.

Group II.

Bigelow, Applied Biology.
Bachman & Bliss, Physiology.
Bundy, Anatomy and Physiology for Nurses.
Burton-Opitz, A Textbook of Physiology.
Davis, Surgical Anatomy.
Gerrish³, Anatomy.
Halliburton, Handbook of Physiology.
Hough and Sedgewick, Human Mechanism.
Martin, Human Body.
Mathews, Physiological Chemistry.
Mitchell, Physiology.
Parker and Parker, Practical Zoology.
Pope, Anatomy and Physiology for Nurses.
Ranson, Anatomy of the Nervous System.
Sabotta-McMurrich³, Atlas and Textbook of Human Anatomy.

Tiegerstedt, Textbook of Physiology.

Group III.

Brubaker, Anatomy and Physiology.

³Can be obtained only in old editions.

Cannon, Mechanical Factors of Digestion.
Cannon, Bodily Changes in Pain, Hunger, Fear and Rage.

Dawson, Anatomy and Physiology for Nurses.

Herter, Biological Aspects of Human Problems.

Huxley-Barcroft, Elementary Physiology.

Locy, Biology and Its Makers.

May, Manual of Diseases of the Eye.

McCollum, The Newer Knowledge of Nutrition.

Piersol, Human Anatomy.

Starling, Principles of Human Physiology.

Stiles, Conservation of the Nervous System.

Walters, The Human Skeleton.

Wilder, History of the Human Body.

Reprints of this outline may be obtained from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of 25 per cent. will be allowed on orders of 25 or more.

ADDRESSES WANTED

The copies of the 1924 Annual Report of the National League of Nursing Education, mailed to the members listed below, have been returned because of incorrect address. If these members will promptly notify Headquarters, National League of Nursing Education, 370 7th Avenue, New York, N. Y., of their proper address, their reports will be forwarded at once. The addresses given are the last ones known:

Carolyn M. Brunson, Box 194, Hartsville, S. C.
Helen F. Collins, 1004 W. Calhoun Street, Springfield, Mass.
Edith Erickson, 201 16th Avenue, Seattle, Wash.
Wilhelmina C. Goodwin, 53 Burbank Avenue, New Dorp Beach, Staten Island, N. Y.
Ima L. Grine, Fitzsimons General Hospital, Denver, Colo.
Marie C. Hodgdon, Los Angeles, Calif.
Louise M. Leoper, 529 Wellington Avenue, Chicago, Ill.
Margaret J. Robinson, Lincoln Hospital, Detroit, Mich.
Elsie M. Smith, Box 1859, Casper, Wyoming.
Grace Watson, Philadelphia General Hospital, Philadelphia, Pa.
Mamie V. Youngburg, Sanitarium, Battle Creek, Mich.

GIFTS FROM NURSING ORGANIZATIONS FOR THE PROJECT OF GRADING SCHOOLS OF NURSING

Although, as yet, little publicity has been given to the grading of the Nursing School project, a number of contributions (listed below) have been received by the National League of Nursing Education. These early subscriptions, at the sounding of the first note of the project, would seem to indicate on the part of organizations, alumnae associations, and individual nurses, an interest and eagerness to lend not only financial, but that which is equally important, sympathetic professional support to the carrying out of the movement.

Illinois State Nurses' Association	\$500.00
Presbyterian Hospital School of Nursing Alumnae Association (Chicago)	150.00
Mercy Hospital School of Nursing Alumnae Association (Chicago)	100.00
Mt. Sinai School of Nursing Alumnae Association (Milwaukee, Wis.)	100.00
Wesley Memorial Hospital School of Nursing Alumnae Association (Chicago)	50.00
Washington Boulevard School of Nursing Alumnae Association (Chicago)	15.00

BACTERIOLOGY¹

Time: 45 hours divided approximately into 15 hours of lecture or class and 30 hours of laboratory, demonstration, discussion, review, written and oral quizzes.

Teacher: The course is in charge of a qualified instructor who may be a nurse, physician, or other specially prepared teacher. There is a special advantage in having a nurse assist with the course, even if she does not direct it, in order that the subject may be properly correlated with nursing practice.

Objects of the Course: 1. To help the student understand the characteristics and habits of microorganisms, that she may be better able to protect her patients, the public and herself from infection.

2. To introduce sufficient laboratory technic so that the student may appreciate the necessity for surgical asepsis and learn to apply the same careful methods in her nursing procedures, cleaning, cooking, etc.

3. To arouse interest in this very important branch of science, so that the student will continue to read and study along these lines and keep up to date in the latest discoveries and methods.

OUTLINE OF LECTURE, CLASS AND LABORATORY
AND DEMONSTRATION WORK

I. *Introduction.*

(Lecture or Class) Uses of bacteriology to the nurse. History of bacteriology briefly. Biology and its divisions. Consideration of plants, dependent and independent. Eight biological systems of higher animals and parallel functions in one-celled organisms. Structure of typical plant and animal cell.

(Laboratory or Demonstration) The microscope: its parts, function of each, how to use and care for it, practice in focussing, using paper or linen fabric. Value of water and cover glass. Study of onion epidermis to show cell structure and plasmolysis. Demonstration of osmosis, respiration and transpiration. Sterilize bread for inoculation next period.

¹This outline was prepared by a sub-committee composed of the following members: Mabel F. Huntley, Chairman, Carol Martin, Grace Reid, Helen Farnsworth, Susie A. Watson, Jean Broadhurst.

Preparation of experiments to show prevalence of mold spores in dust and air.

II. *Molds.*

(Lecture or Class) Dependent plants. Parasitic and saprophytic organisms. Economic relationships. Distribution of molds. Structure. Reproduction: sexual and asexual, spore formation. Conditions favoring growth and methods of destruction. Mold diseases.

(Laboratory or Demonstration) Preparation of slides from the molds grown on bread. Identification, description and drawings of the molds. Set-up experiment for cultivation of yeasts.

III. *Yeasts—One Group of Molds.*

(Lecture or Class) Economic relationships. Structure. Reproduction by budding, fission and spores. Enzyme action. Fermentation (Call attention to work of Pasteur). Conditions favoring growth. Methods of destruction. Pathogenic yeast.

(Laboratory or Demonstration) Observation and drawing of yeast cells and starch grains. Technic of the hanging drop. Experiment to show effect of different temperatures on growth and viability of yeast and experiment to show ability of yeast to ferment various carbohydrates. Expose or touch agar plates with finger tips or hair, swab of nose, swab of throat, glove, finger, etc. Inoculate broth in the same way.

IV-V. *Bacteria.*

(Lecture or Class) Distribution of bacteria. Structure of bacterial cell. Classification according to morphology and grouping. Methods of reproduction by fission and by spore formation. Conditions affecting growth: temperature, moisture, food supply, light, oxygen. Effect of electricity, chemicals, agitation, etc. Vital phenomena: odor, motility, light, heat, pigment, etc.

(Laboratory or Demonstration) Exhibit of various laboratory media. Description of culture growth. Examine agar plates from last lesson. Demonstration to show gas formation and acid formation by *B. Coli* in liquid and solid culture media. Stain bacteria

with methylene blue, using inoculated bouillon from Laboratory III.

VI. *Effects of Mechanical and Physical Agents on Bacteria.*

(Lecture or Class) Mechanical agents; use and importance. Review of conditions of growth; effect of extremes of these, i.e., temperature, moist and dry heat; resistance to dryness; aerobes and anaerobes; food requirements; light. Practical applications.

(Laboratory or Demonstration) Inoculate bouillon with culture from (a) hands of student without first washing, (b) from hands of student after ordinary washing with soap and water, (c) from hands of student after scrubbing with soap and brush under running water for five minutes. Incubate and examine next period. Plan experiment to demonstrate difference in growth of bacteria after refrigeration and incubation; also after exposure to darkness and sunlight. Explain principles and demonstrate sterilization by hot-air sterilizer, Arnold steam sterilizer, autoclave and boiling.

VII. *Effects of Chemical Agents on Bacteria.*

(Lecture or Class) Disinfectants and antiseptics. Factors important in the use of disinfectants: kind of material to be disinfected; quantity of disinfectant in relation to quantity of material; length of exposure; strength of solution; temperature of solution. Practical applications.

(Laboratory or Demonstration) Examination and discussion of cultures from Laboratory VI. Test results of common chemical agents upon bacteria. Make cultures from these tests at end of period and place in incubator. Start pure culture, fishing from colony obtained in Laboratory III or VI. Transfer pure culture through a series of seven tubes each week, examining and making transfer, if pure.

VIII. *The Work of the Useful Bacteria.*

(Lecture or Class) Agency of bacteria in bringing about decomposition; the nitrogen cycle; bacteria in the arts and industries.

(Laboratory or Demonstration) Examination and discussion of cultures made in Laboratory VII. Make streak on agar plate. Examine cheese and any spoiled food for molds, yeast and bacteria, typically present and indicating spoilage.

IX. *Bacteria and Disease.*

(Lecture or Class) Avenues of entrance into and discharge from the body by bacteria. Growth in tissues. Disease production by toxins, endotoxins and ptomaines.

(Laboratory or Demonstration) Examine streaks made in Laboratory VIII. Examination of prepared slides of staphylococci, streptococci, bacilli and spirilla for morphology. Charts and illustrations from text books on subject of lecture.

X. *Defences of the Body against Bacteria.*

(Lecture or Class) External defences of the body. Immunity: types and modifying factors. Theories of immunity. Antibodies, phagocytes, etc. Use of vaccines, antitoxins and sera. Preparation of sera and vaccines.

(Laboratory or Demonstration) Slides or films, if possible, showing preparation of sera and vaccines. Hanging drop showing motility and agglutination. Examination of prepared slides showing phagocytosis. Agglutination test demonstration.

XI-XII. *Transmission of Bacteria.*

(Lecture or Class) Transmission by direct and indirect contact. The role of insect carriers, human carriers, animals, fomites, food and filth. Bacteria in water and sewage. Sources of water supply and their relative purity. Meaning of presence of colon bacilli; presumptive and determinative tests for same. Isolating of typhoid bacilli. Methods of water purification; sewage purification. Bacteria in milk. Different standards in milk. Relation of bacteria to the milk supply. Sources of bacterial infection in milk. Methods of safeguarding milk supply. Sterilization versus pasteurization of milk.

(Laboratory or Demonstration) Preparation of agar plates to show the number of bacteria in various samples of water. Estimation of number of bacteria per cubic centimeter in water samples. Prepare pasteurized and raw milk dilutions and make plates of them to see method of milk examination by plating.

XIII-XIV. *Pathogenic Bacteria and Protozoa.*

(Lecture or Class) Discuss commoner forms of cocci, bacilli, spirilla and protozoa under such headings as (1) name, (2) type (morphology), (3) spore forming or not, (4)

use of oxygen, (5) temperature: minimum, optimum, maximum, (6) mode of entrance into body, (7) mode of exit from body, (8) methods of transmission, (9) excretions, utensils, etc., to be disinfected and other nursing precautions, (10) immunity and serum therapy.

(Laboratory or Demonstration) Examine and draw prepared slides of bacteria discussed. Use of charts and textbooks for illustrations.

XV. Review and Examination.

Review—1 hour.

Final examination—2 hours.

METHODS OF TEACHING

1. Follow class method for presentation of subject matter as far as possible. Have outside readings and reports from assigned books or current journals.

2. Laboratory work to be given in sections, not exceeding 15 to 20 students, with facilities for each student or pair of students carrying out all the experiments. Notebooks for drawing and laboratory notes. First half hour of the two hour laboratory period should usually be given up to discussion of the mistakes disclosed by correction of previous week, laboratory work, explanation of new work and necessary correlation with class work.

3. Correlate as closely as possible with other subjects, especially with hygiene and practical nursing work. A short paper on "The Practical Applications of Bacteriology to Nursing" will help to focus attention on the uses of the subject.

4. No one textbook for nurses covers the ground adequately. Choose the best and supplement liberally from reference books. Recent editions of text- and reference books should be used, as changes are constantly taking place in this subject.

5. Have at least one visit to a well-equipped laboratory, such as might be found in the Board of Health or in the hospital itself.

EQUIPMENT AND ILLUSTRATIVE MATERIAL

Microscopes—(one for each student, if at all possible), petri dishes, test tubes, fermentation tubes (plain and prepared), racks for drying slides, cover slips, stains, oil, balsam, lens paper, platinum needles, Bunsen burners,

tripods, pipettes, etc. Small utensil sterilizer, culture media and cultures from pathological laboratory. Charts, photographs and slides.

Room should be fitted up with tables or shelves where microscopes can be placed in good light. Should also have gas and running water attachments.

TEXT- AND REFERENCE BOOKS²

Group I.

Bolduan and Grund, Applied Bacteriology for Nurses.

Broadhurst, How We Resist Disease.

Buchanan, Household Bacteriology.

Chapin, The Sources and Modes of Infection.

Hiss and Zinsser, A Text Book on Bacteriology.

Jordan, General Bacteriology.

Park and Williams, Pathogenic Microorganisms.

Rosenau, Preventive Medicine and Hygiene.

Smeeton, Bacteriology for Nurses.

Group II.

Bigelow, Applied Biology.

Broadhurst, Bacteria in Relation to Man.

Carey, A Text Book for Nurses in Bacteriology.

Curtis, Nature and Development of Plants.

Fox, Bacteriology and Protozoology.

Karsner and Ecker, The Principles of Immunology.

Roberts, Bacteriology and Pathology for Nurses.

Zinsser, Infection and Resistance.

Group III.

Broadhurst, Home and Community Hygiene.

Conn, Bacteria, Yeasts and Molds in the Home.

Doane, Insects and Disease.

²Group I is composed of books considered essential; Group II of those distinctly helpful; and Group III of those helpful for wider reading.

Reprints of this outline may be obtained from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of 25 per cent. will be allowed on orders of 25 or more.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

MIDDLE WEST'S WORST TORNADO

"WE ARE being swamped with nurses wanting to go," ran a brief message to National Headquarters from the Nursing Service at the St. Louis Branch office even as the first news of the extent of the devastating tornado of March 18 reached Washington. American Red Cross nurses, ever ready to help when disaster strikes! And this was one of the major disasters of recent times, perhaps the worst the middle west has ever suffered. General details are fresh in every one's mind and the swift measures taken by the American Red Cross to mitigate the evil results—a special train with the most expert disaster relief worker in the United States (Director Baker) rushed to the spot; special trains carrying tent and relief supplies; workers radioed to service; telegraph wires humming with messages speeding up aid from all quarters. The wind, which in all its awful unrestrained fury twisted a demon course through seven states,—Arkansas, Missouri, Illinois, Indiana, Kentucky, Tennessee and Alabama,—killed 823 people, injured 2,990, and wiped out of existence a dozen towns. Were nurses ever more wanted?

The very same evening, March 18, three American Red Cross Nursing Field Representatives and five other enrolled Red Cross nurses left for Murphysboro, Illinois, the town which suffered most, with Director Baker. On Friday, March 20, Olive Chapman, representing the Nursing Service of the

St. Louis Branch, proceeded into the field to take charge of the disaster nursing work. On Sunday, Dr. William R. Redden, Medical Assistant to the Vice Chairman, assumed responsibility for directing the medical service. Within three days 80 enrolled Red Cross Nurses were assigned to duty and were at their posts. More than 20 were added in the next day or two. The St. Louis Branch office at the outset was working twenty-four hours out of the twenty-four.

A chaotic situation was created by one newspaper which broadcast for medical and nursing personnel and indiscriminately sent carloads down to the disaster area. In regard to the nurses, it took Miss Chapman and a number of the best nursing field representatives to straighten out the position, to eliminate those not required and to organize the hospital and public health work.

Full reports of work done by the Local Committee on Red Cross Nursing Service, who summoned nurses to relief, and that done by the nurses themselves are, of course, not available at the moment of writing. But more than enough is indicated to show that once again the set up of the Nursing Service and the efficacy of organization of the State and Local Committees on Red Cross Nursing Service have proved themselves. So admirably did the local committees on Red Cross Nursing Service at St. Louis, in Illinois and in the surrounding States, do their work

that more nurses were available on the list than could be assigned.

As indicated, the St. Louis Branch Office, where Mrs. Elsbeth Vaughan is in charge of the Nursing Service, was inundated with nurses, many of whom were not enrolled and who, when they learned that only nurses of accepted standards as proved by enrollment in the Red Cross Nursing Service were eligible, asked for application forms.

CONFUSING COMMITTEES

Once more it is necessary to emphasize the difference between the Chapter itself, the Local Committee on Red Cross Nursing Service and the Chapter Committee on Nursing Activities. It has been made apparent in the last few weeks that even the Chapters as well as nurses confuse the two. Nurses should study the organization and be perfectly clear about it in their own minds so that they can correct other people's mistaken impressions and be instrumental in clearing up the situation. The Chapter is part of the organization of the Red Cross and is made up of a group of officers and members provided with a charter and authorized to take entire charge of local Red Cross operations in their territory. Some nurses write in and say, "I am enrolled with such and such a Chapter." Nurses never enroll with a Chapter. They enroll through the Local Committee on Red Cross Nursing Service. The points that distinguish this Committee are:

It is always made up of graduate nurses; whereas, the Chapter Committee on Nursing Activities is largely composed of lay people interested in the development of nursing in their Chapter.

Its primary purpose is to interest

nurses in enrollment in the Red Cross Nursing Service, but it has other important duties such as helping to supply the Chapter with nurses in time of disaster, for first aid stations, etc. The Chapter Committee on Nursing Activities coöperates with the nurses employed by the Chapter and helps to further the program by giving them the "backing up" they need to carry on the work effectively. Every Chapter should have a Committee on Nursing Activities in order that its nursing program, which in the main is either rural public health nursing or the furtherance of the Course in Home Hygiene and Care of the Sick, may be strengthened.

Its territory is rarely the same as a Chapter's and is generally very much larger. It may cover a number of counties or even an entire state; whereas, the Chapter's may cover a city, a town or a county. There may be several Chapters located in the territory covered by one Local Committee on Red Cross Nursing Service.

There are 220 Local Committees on Red Cross Nursing Service, including the 49 State Committees and 1,400 enrolled Red Cross Nurses serve as volunteers on them. Chapters number 3,000 and nurses are in the minority on their Committees on Nursing Activities. While Chapters may like to know the names of all members on Local Committees and it is desirable, it is not necessary. The Chairman can always be consulted and the Chapter deals with her or with the Secretary, when enrolled nurses may be required. If Local Committees on Red Cross Nursing Service follow the procedure laid down by National Headquarters and keep the Chapter supplied with the names of the

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Chairman and Secretary and if Chap-
ters observe the instructions issued from
Washington to apply to the Chairman
or Secretary of the Local Committee
whenever nurses are needed, matters
should run smoothly when any emer-
gency arises.

FLORENCE NIGHTINGALE REMI- NISCENCES

Actual reminiscences of Florence
Nightingale were given by Dr. May
Thorne, O.B.E., Governor of the Royal
Free Hospital, London, in a delightful
lecture at the Assembly Hall of National
Headquarters on April 1. Through the
spoken word and illustrated slides she
gave life and color and charm to the
last years of the life of the first real
nurse. Nurses present were able to
hold one of the typical, little, lace caps
that Florence Nightingale always wore
during the last thirty years of her long
life, to see a picture of the sunlit room,
always filled with flowers, where those
years were spent, and to note the little
bedside table that for three decades
stood beside the Crimean heroine's bed
before it became Doctor Thorne's cher-
ished possession.

"I deem it one of the great honors of
my life not only to have been with her
during the last few years of her life
but to pass on to others the knowledge
of what she was at that time," said
Doctor Thorne. But not only did she
pay tribute to Florence Nightingale, she
interwove American medical and English
nursing history by drawing a parallel
between Elizabeth Blackwell and the
great English woman contemporaneous
with her, between whom there was such
a bond of friendship. The former was
born just one year after the birth of

Florence Nightingale and died two years
after her friend was laid to rest. "Re-
member," Doctor Thorne urged on her
hearers, "that America gave to the world
the first woman physician and that
England gave to the world the first real
nurse." Both Florence Nightingale
and Elizabeth Blackwell were greatly
interested in the Royal Free Hospital
and America has perpetuated that his-
tory in the Washington Ward, which
received assistance from the American
Red Cross and the American women in
London, and which was opened in 1920
by Mrs. John W. Davis, wife of the then
American Ambassador.

A great many American babies, inci-
dentally, have first seen light in this
ward. Doctor Thorne convulsed her
audience by asking them if they could
guess what any twins born in Washing-
ton Ward were invariably called, and
then told them the answer, after a dra-
matic little pause — "George and
Martha."

HOME HYGIENE POSTGRADUATE COURSES

Postgraduate opportunities should be
provided for all nurses teaching, or
desiring to teach, Home Hygiene and
Care of the Sick who have not had
normal school training. This is the
firm belief of the American Red Cross.
For two years it has been working to
this end and in the summers of 1923
and 1924 coöperated in providing such
courses.

Due to the reorganization within the
American Red Cross of which a full
account has previously been given in
these columns, it has been decided this
year to concentrate all work with post-
graduate courses in colleges in two key

positions, the one easily accessible from all parts of territory in the east, the other, similarly, in the west. This policy will enable particular attention to be paid to the detailed development of this increasingly important part of higher nursing education.

Pennsylvania State College, amid the beautiful mountain panorama of the Alleghanies, which was so popular a location with Home Hygiene Instructors last year, is the college in the east. Here the summer session begins on June 29 and continues through August 5. The college in the west is the Colorado Agricultural College, Fort Collins, the very gateway to the wonder and grandeur of the Rockies, with its great mountain peaks, its mirror lakes, its pine forests and its glaciers, which once seen forever allure again. The program here is offered in the second semester, beginning July 23 and ending August 28. It is to be noted that the academic and recreational resources of both colleges are available to all students taking these postgraduate courses, that they will have the same highly qualified instructors as last year, and that there will be "practice teaching groups" giving opportunity for *applying under guidance* the lessons learned.

The two required subjects of the program at Pennsylvania State College are first, the Principles of Teaching, a course in daily double periods adapted for nurses preparing to teach Home Hygiene and Care of the Sick, for which three college credits are given, and which is a prerequisite for Methods and Presentation of Home Hygiene. This latter consists of lectures, demonstrations and practice teaching, based on the Red Cross text book, and includes

three and one-half periods of recitation and two periods of practice teaching, for which two credits are given.

The tuition of the required program is \$7.00. Students may elect to take other subjects in which they are interested, the fee being \$5.00 per credit. Approximate tuition, assuming a two-credit elective subject is chosen, is \$17.00; miscellaneous expenses, including books and laboratory fees, \$15.00; living expenses for the six weeks, \$75.00; making a total of \$107.00, excluding transportation, recreation and personal expenses. While the majority of students live in fraternity and boarding houses in the town, some accommodations are available in the college dormitories. A deposit of \$5.00 is required at the time application for room is made. Applicants must select their own accommodations from a list published in the college bulletin. Living rates are about the same in dormitories and houses—the rate for a single room and board, from \$70.00 to \$75.00, or for two in a room, \$55.00 to \$60.00.

Many of the lectures and concerts given at Pennsylvania State College throughout the summer are held in the Open Air Theater. Playtime activities include trips into the mountains, hikes, picnics, tennis and golf.

Required subjects at the Colorado Agricultural College are Principles of Secondary Education (Principles of Teaching), one period daily for which three credits are given, which is a prerequisite to Methods and Demonstrations in Home Hygiene and Care of the Sick, three double periods weekly carrying three credits. Included with the latter is practice teaching. Approximate expenses are: tuition, including

required and elective courses, \$15.00; miscellaneous, including books and laboratory fees, \$15.00; living expenses, \$75.00; making a total of \$105.00. Rooms in fraternity houses and in the homes of Fort Collins residents are available with or without board, living expenses averaging \$10.00 to \$15.00 a week. The College cafeteria provides board at a very reasonable rate, or board may be had in private homes from \$5.50 a week up. Rooms rent from \$2.50 to \$5.00 a week or from \$10.00 to \$20.00 a month. The Dean of Women will assist in finding rooms for the students and any application for a room should be accompanied by a deposit of \$5.00. Perhaps the greatest attraction of outdoor recreation at this College is Mountain Lodge to which Saturday and week-end parties go, making trips from there into the mountains. But tennis, swimming, picnics and hikes are other popular forms of play-time activities.

Intending students would do well to inquire about special or excursion railroad rates. The catalogue of Colorado Agriculture College calls attention to the fact that railroads over the entire United States give reduced round-trip rates to Fort Collins.

Only enrolled Red Cross Nurses, and other registered nurses who are graduates of schools of nursing of approved standards, recommended by the Director of Home Hygiene and Care of the Sick of the American Red Cross, are eligible for admission to these postgraduate courses but, on recommendation by the Red Cross, other nurses who do not meet the College entrance requirements, high school graduate standard or its equivalent, may be accepted. The last

will not be eligible for college credit but they are entitled to a statement of their record. Red Cross recommendations are based on general education, professional training, experience and personality and on such credentials as may be requested from responsible persons under whom the applicant has worked.

Further details may be had on application to National Headquarters, Washington, D. C., or to the branch offices at St. Louis, Missouri (1709 Washington Avenue), and San Francisco, California (Civic Auditorium, Larkin and Grove Streets).

No summer work of any kind will be offered this year by the School of Public Health Nursing, Simmons College, Boston, where hitherto the Home Hygiene postgraduate course has been a part of the School's full program.

ENROLLMENT ANNULLED

There is again issued another list giving the names of nurses whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases. Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters as they always remain the property of the Red Cross:

Adams, Mrs. D. (*nee* Jewel Gladys Hudson); Bundroch, Hella; Chase, Mrs. Harry (*nee* Lillian E. Brown); Ellis, Mary Frances; Erbb, Sadie Iola; Gibson, Mrs. Emma D.; Hughes, Helen Naomi; Marsden, Florence Mary; Meenan, Margaret Anne; Moran, Mrs. Margaret (*nee* Adams); Nelson, Stella C.; Petrus, Anna; Somerville, Annie; Spruhan, Madge B.; Staver, Mabel Olive; Stephens, Mrs. Mary Caroline Manewal; Stewart, Pearl H.; Strobel, Minerva; Sturgeon, Margaret Emma.

STUDENT NURSES' PAGE

A STUDENT PRESENTATION OF THE NIGHTINGALE PLAY

BY MILLICENT XANDER, B.S.

Stanford School of Nursing, San Francisco

THE PLAY, Florence Nightingale, by Edith Gittings Reid, was produced by the History of Nursing class of preliminary students in the auditorium of the Stanford Nurses' Home on the evening of December 19.

It was given to show their deep love and respect for the memory of Florence Nightingale and their sincere appreciation for Miss Reid's true and fascinating portrayal of her life.

The play was shortened somewhat. Some parts were omitted to avoid having a crowded stage during certain scenes. The last scene was omitted because it was felt that the climax had been reached in the preceding scene. The outline of the play, as adapted, is:

FLORENCE NIGHTINGALE

A PLAY IN THREE ACTS

By Edith Gittings Reid

ACT I

SCENE 1

Drawing Room at Lea Hurst. Mrs. Nightingale at the tea table. Mr. Nightingale sitting near her. Time of Crimean War—1854.

SCENE 2

Same as above—four days later.

ACT II

SCENE 1

Scutari—office of Barrack Hospital—the latter situated on high ground overlooking the Sea of Marmora with Constantinople in the distance, November 4, 1854. Major Sillery (Commander of the Hospital), Lord Stratford (British Ambassador).

SCENE 2

A discussion as to who has authority to

open a number of boxes containing supplies. Miss Nightingale takes the responsibility.

SCENE 3

A period of six months intervenes between 2nd and 3rd scenes during which time Miss Nightingale has gone to Balaklava to investigate conditions. While there she was taken very ill and is now expected back at Scutari.

ACT III

SCENE 1

Drawing Room—Mr. Nightingale's home.

The family eagerly awaiting Miss Nightingale's return from the Crimea.

SCENE 2

Same scene several days later.

Miss Nightingale and Mr. Herbert have worked day and night on the latter's speech for Parliament.

SCENE 3

Same scene the following morning.

The play took two hours in production. It was an invitation affair, for which no charges were made. The expenses amounted to \$80 and were not borne by the preliminary students alone. The Nursing School showed its interest in promoting worthy extra-curricular activities among the students by furnishing funds for costumes typical of the period. Stage settings, furnishings and properties were secured from the Nurses' Home or from willing friends.

The time spent in preparation of the play was ten weeks, from 3 to 8 hours weekly. The coaching was efficiently undertaken by a Stanford medical student with the assistance of the theoretical instructor in nursing.

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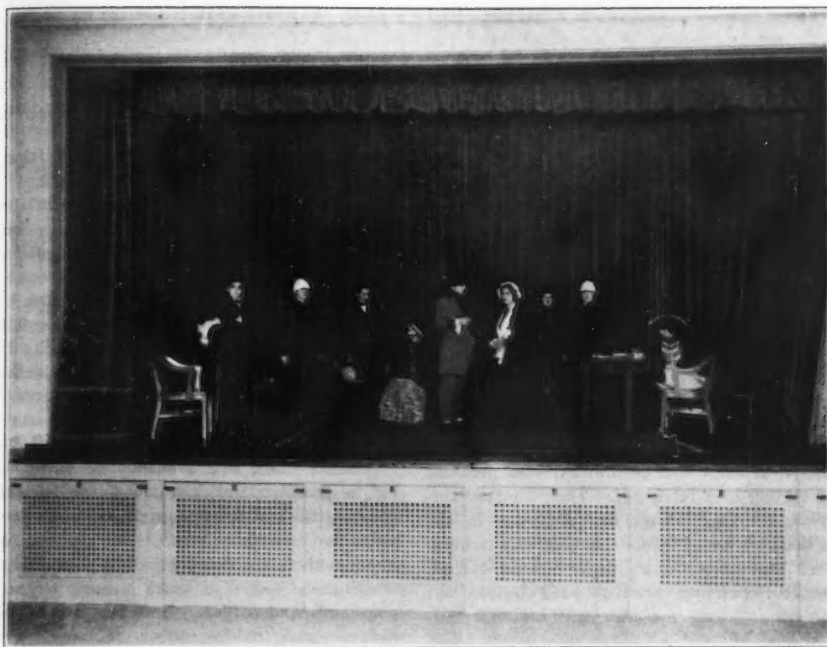
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STANFORD SCHOOL OF NURSING AUDITORIUM-STAGE

FLORENCE NIGHTINGALE PLAY—SCENE IN ACT II

Reading from left to right: (1) An Officer (Elizabeth Owen); (2) Doctor Sutherland (Marietta Pepperdine); (3) Mr. Bracebridge (Olga Mason); (4) Mrs. Bracebridge (Golda Attwood); (5) Lord Stratford (Mary Thomas); (6) Miss Nightingale (Millicent Xander); (7) Surgeon (Carol Garfield); (8) Surgeon (Mildred Gregory); (9) Major Sillery (Mae Logan).

share in the occasion—if not one of the play's personnel, she had her duty on necessary committees, so that the spirit and hopes of the class were united.

The cast was made up of twenty-six characters, sixteen of which were difficult male parts, which were commendably well taken by the students. The spirit of the times, so well shown, and the delightful interpretations of the characters, some humorous and pretty,

others serious and sad, brought such admiration and praise from the audience that the effort made for success was rewarded a thousandfold.

The play brought the life, character and severe difficulties of our leader, Florence Nightingale, closer to those who saw it—to instil in them a desire to carry on with her spirit of sacrifice and love, the service to humanity she so nobly mothered.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

HOW WE USE THE JOURNAL

DEAR EDITOR: It is always a pleasure to recommend the *Journal* to our nurses, and each month's magazine is read to the student body at the breakfast table, each student taking her turn, fifteen minutes a day, and they look forward to it. I find that is the best way to interest them in the progress of our Association.

Nebraska

A SISTER.

TRAINING IN CHARTING

DEAR EDITOR: Our class work in record keeping begins as soon as the Freshmen enter. I commence emphasizing observation in the smallest detail, combined with phrasing of things in a brief way. Then I follow this plan, usurping 10 minutes each day in the Principles and Practice Nursing class, charting the subject dealt with: Lesson 1. Each student practises printing until legible and brings it to me for criticism. Lesson 2. Admission. Record admission of patient. Chart what you saw and what patient complained of. Lesson 3. Baths. Chart concerning baths, type—what one would note, etc. Lesson 4. Enemas. Chart—Type—how taken—results, etc. So I go on in a general way, combining records with both practical and theoretical work, reading charts for class criticism. Then I assign a patient to each nurse as the patient is admitted and she follows the patient through for the day, charting for my criticism, not for the doctor's use. No nurse is permitted to chart for the doctor's reading until I have O.K.'d her final 24-hour record. I have been quite pleased with the manner in which they strive to get to charting, it seems like a promotion to them. I feel that recording is a very big item in a nurse's training, and we are so apt to leave it to the nurse's own initiative without much preparation on our part.

Wisconsin

M. H.

FROM SOUTH AMERICA

DEAR EDITOR: A wonderful holiday was granted me after my first year here. With five other Americans I went muleback

over the one hundred-twenty-mile trail, then took the little dirty train to the city of Bahia. I spent two weeks there and then rowed or sailed down to the beautiful city of Rio de Janeiro where I visited several of the most prominent hospitals including the Sao Francisco de Assis with which the Rockefeller Foundation is connected and which is the only American Hospital Training School in Brazil. I also spent a week in Sao Paulo, the coffee capitol of the world, and a beautiful city it is. Here I visited the "Butan-tan" or Snake Farm. I really did not expect to get interested in snakes, but when there are so many and some of them so terribly poisonous it is a relief to know that a snake bite antitoxin can be procured and that now it can be had even in this vast interior, as it will keep two years and need not be kept on ice. In the museum there are many interesting specimens showing the results of snake bites as well as poisonous spider bites. Traveling in Brazil always seems to have its encumbrances. As you may know, we are in the midst of political difficulties, and in order to get from one place to another, one must have a permit from the Police Department saying from where and where to. In foreign cities they seem to have more corners and crooked streets than are convenient and consequently I spent some time in looking up these servants of peace. Last year was a very busy year as we treated and advised 14,750 people and performed 157 operations, of which all but 17 were done under local anaesthesia. This year already promises to be a busy one and we hope to have the pleasure of moving into our new hospital before the end of the year, which will be an added pleasure both to the busy doctor, the nurse and the patients.

Brazil

L. C. H.

FROM ALASKA

DEAR EDITOR: Your letter came when we were in the midst of an epidemic of mumps (we had 78 cases), which was immediately followed by follicular tonsillitis, of which we had about 30 cases. After that we had a death from tubercular meningitis; later

an annual report. The pupils of the Sheldon Jackson School come from all parts of Alaska. They represent six tribes, each with its own language. One of the rules of the school is that only the English language is to be spoken on the campus. Some one once wrote a poem about nurses in hospital work. "Doing the Same Old Thing." That would not apply to the work of the nurse at the Sheldon Jackson School. To be sure, some things are the same each year. There are the annual physical examinations, some tonsillectomies, physical culture classes and "Home Hygiene and Care of the Sick," also there are health talks, and then it is necessary to write to parents to try to persuade them to have necessary dental work done. But when it comes to other things, there simply is no sameness. According to our physician the children here do not have diseases according to descriptions in the text books. Just now we are having an epidemic of sore arms, the result of over one hundred vaccinations. Tuberculosis is very common among the native people. Two pupils who came in the fall were not allowed to stay on account of this disease, and four others, who were kept under observation, had to leave before Christmas. This is particularly discouraging when one knows that in all Alaska there is no institution where tuberculous patients can receive care. The prevention and treatment of tuberculosis is one thing I have stressed perhaps more than any other in the Home Hygiene classes. Some of the girls who have taken the course in "Home Hygiene and Care of the Sick" are thinking of entering schools of nursing.

Sitka

E. R. P.

FROM CHINA

DEAR EDITOR: Several weeks ago I had to make a trip in a train filled with troops. A few days before there had been looting and burning of some of the best shops on one of the principal streets. Forty of the soldiers had been caught and beheaded and their bodies thrown into the street as a warning to others like-minded. We have had the same thing happen here, except that the heads are either stuck up over a temple or in a sort of cage and hung up over a gate on the big street. Changchow has been made a mili-

tary base for General Chang's army, so that we have thousands of soldiers in the city, many of them living in a large Confucian temple next to one of the compounds. We are in the war zone—during the fighting the hospital was filled with wounded and to many others we were only able to give first aid and send them on troop trains to other hospitals farther along. Every day we have fifty to one hundred in the out-patient department. They are all very friendly; I believe foreigners have not much to fear from them, but Chinese suffer in having their houses looted and destroyed, so that they are obliged to go away and so no crops will be planted, unless there is a change somewhere. There is a large Buddhist monastery here and one in an adjoining town, altogether about 1,000 monks. Last week 200 were bound together and impressed for coolie work at the front. This shows a change in the mind of the people, but everywhere one sees people saying their prayers on strings of Buddhist beads, very much like Roman Catholic beads, except that these are all the same size, are black or brown, and have a woven tassel at the end instead of a crucifix. I often wonder what they are saying so intently, but the days are so full this has not been accomplished yet. One reason perhaps has been the changing to a new and difficult dialect. We have had a delightful winter, many days of sunshine and few days of rain or snow. We have fragrant purple violets on our table every day. Bulbs are up and almost ready to make us glad with their beauty.

Changchow Ku

A. M. W.

JOURNALS WANTED

The Hospital Library and Service Bureau, Donelda R. Hamlin, Director, 22 East Ontario St., Chicago, wishes copies of the *Journal* as follows: 1913, August, September; 1914, January, June; 1916, January; 1917, January, April, June (two), August, September.

The Headquarters office of the American Nurses' Association needs the following numbers of the *Journal* to complete its files. A nominal price will be paid. Send to Agnes G. Deans, Director, 370 Seventh Ave., New York. 1900, October; 1901, October through December; 1903, all except December; 1904, March, May, June, July; 1905, February,

August, September; 1906, March; 1917, October through December; 1918, November and December; 1919, September.

JOURNALS ON HAND

Ella M. Z. Winter, Highland, Ulster County, N. Y., has the following copies of the *Journal* which she will sell for five cents each and postage: 1902, February and July; 1906, Dec-

ember; 1907, January, April through October and December; 1908, all; 1909, all; 1910, January through March and May; 1916, November.

Lucie E. Bartram, Care American Red Cross, Terryville, Conn., has an almost unbroken file of the *Journal* from 1917, on. She will sell these for 10 cents each or for \$1 a volume.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

4. When on duty, how shall a nurse who has married after receiving her certificate for state registration, sign her name? Shall she use her maiden name, preceded by "Mrs." or shall she give her maiden name, followed by her husband's name?

Answer.—Not all states have a ruling on this point. We are advised by the New York Board of Nurse Examiners that any nurse holding an R.N. certificate issued by the Regents of the University of the State of New York and who marries after such certificate has been issued must return such certificate to the Board of Nurse Examiners with an affidavit of her change of name in order that the certificate may bear the name under which she is practising as a graduate nurse.

One State Board (Pennsylvania) refuses to change the original entry upon its records, basing its action on a ruling of the Attorney General of the state to the effect that the original name must stand.

It is the opinion of the editor that any nurse should, promptly after marriage, communicate with the state board or boards by which she is registered and ascertain the exact ruling on this point. Nurses have sometimes allowed their registration to lapse after marriage and have later regretted the fact.

5. To whom do the chart and clinical records belong when a nurse is leaving a case in a home, assuming that the patient does not require further professional attention?

Answer.—This is a much discussed question and as we are unable to secure a final statement on it, the editor would welcome informa-

tion on court decisions, if such have been made. Naturally, if a case is not closed, the nurse would leave the record for her successor. The destruction or removal of a record under such circumstances would be highly unethical. It would seem that the physician should be consulted as to the disposition of records, if there is any doubt in the matter, as he is the person most apt to see the patients in any subsequent illnesses.

6. Where are courses in occupational therapy to be obtained?

Answer.—The following schools and colleges give such courses:

The Philadelphia School of Occupational Therapy, 2200 Delancey Place, Philadelphia, Penna., Florence Fulton, Dean.

Boston School of Occupational Therapy, 7 Harcourt Street, Boston, Mass., Marjorie B. Greene, Dean.

School of Occupational Therapy, Mississippi State Hospital, Jackson, Mississippi, Eleanor G. Morse, Director.

Hospital Training Course in Occupational Therapy for Aides, Army Medical Center, Walter Reed General Hospital, Washington, D. C.

School of Occupational Therapy, Kalamazoo State Hospital, Kalamazoo, Michigan.

Milwaukee-Downer College, Department of Occupational Therapy, Milwaukee, Wisconsin.

State University of Iowa, Iowa City, Iowa, Jennie K. Allen, Instructor.

St. Louis School for Occupational Therapy, Euclid Avenue and Kingshighway, St. Louis, Missouri, Geraldine R. Lermit.

WHAT TO SEE ABROAD¹

Italy.—Italy is behind no other nation in the matter of art and literature, but in the nursing field its interest is mainly historical and until quite lately it has rested on its laurels. For this reason we cling the more to the glory of having given birth to so many lovers of mankind, last but not least to the Lady of the Lamp, and we love, when in Florence, to walk out of the Roman Gate and up the steep Ugo Foscolo hill, and to wander about the lanes of Bellosguardo, where her dauntless personality first drew breath a century ago.

In Florence, too, the visitor should go on a pilgrimage to the Misericordia, home of the voluntary order of Brothers of Mercy which limits its service to lifting bedridden patients and to ambulance service.

Near the Misericordia is the Bigallo, with its picturesque porch, where illegitimate children used to be received and cared for. This institution furnishes *dots* and educational pensions for the same to this day. The Foundling Hospital, *Ospedale degli Innocenti*, however, is not on the Piazza del Duomo but in Piazza S. S. Annunziata. It is well worth seeing, and is world-famous for the Della Robbia medallions of swaddled babies which ornament its "facade."

Ideal conditions for the training of nurses have only been attained in Italy by the Scuola Regina Elena in the Policlinico in Rome. It might interest travelling nurses to visit this school, as also the very new Red Cross school, which trains its pupil nurses in other wards of the same large hospital.

The oldest nursing school in Rome, however, is that of the English Blue Sisters in the private hospital of San Gregorio, which belongs to pioneer days, together with the pioneer Croce Azzurra once flourishing in the Clinical Hospital of Naples and other schools now defunct.

Other training schools in private hospitals are the "Princess Yolanda" in Milan, and the Princess of Strongoli's school in the Ruesch rounded out by affiliation with two or three public hospitals, such as the "Red Cross"

above mentioned, and the newly opened training school for nurses in the Atheneum of the Bari University.

But Tuscany and Umbria are on the line between Milan and Naples, and Assisi and Siena are well worth including in a nurse's traveling itinerary. To nurses, the medieval saints who cared for the sick and plague stricken will always be dear, and chief of these is the lovable St. Francis. It was in the beautiful hill town of Assisi that he lived and loved his fellow men, founding the leper nursing orders of brothers and of sisters (Poor Claires) which still bear his name, although their nursing days are long past.

In Siena one goes on a pilgrimage to St. Catherine Benincasa, the mystic yet energetic saint of the XIV Century who served her time as hospital nurse before she undertook to straighten out the Church and the State. Siena is an interesting town, and should not be missed, time permitting.

A XIII Century saint, connected with infirmaries and hospitals is St. Benedict. A beautiful monastery in Monte Cassino marks the scene of his labors.

As for that most practical of all nursing saints, Vincent de Paul, the traces of his work are to be found in France rather than in Italy where he was born. His "Filles de la Charité," however, may be seen in many Italian hospitals such as the Innocenti Hospital in Florence, and scores of others.

With a view to comparing modern and antiquated methods it may interest nurses to visit one or two of the hospitals where the "Gamps" still hold sway, though held in check somewhat by modern science and hygiene. Such are the *Santa-Maria Nuova* in Florence and the equally large *Incurabili* in Naples. In the latter hospital is a ward financed and run by the order of the Knights of Malta, still extant. *Santa-Maria Nuova*, once famous for its ancient and historical secular order of Oblate nurses, founded in 1296, is also interesting as being the scene of Amy Turton's first pioneer efforts in social work in 1890 which are just beginning to break into full blossom, if indeed 1925 prove as kind as it promises to be.

¹From the International Council of Nurses Bulletin. (To be continued.)

The address of the Italian Nurses' Association (A.N.I.T.A.) as well as the Nursing Service of the Italian Red Cross is: Via Toscana 12, Rome 25. Further information can be obtained there.

Germany.—Kaiserswerth, the first German Motherhouse for Deaconesses and the cradle of skilled nursing, is half an hour by train from Cologne (Köln). It is a vast organization with more than twenty different kinds of institutions. Hospitals, orphanages, and schools of all kinds, up to the very first German Normal School for young women, are found there.

Schwabing, which is one of the suburbs to Munich (München), has a large modern hospital built just before the war. A Roman Catholic sisterhood has charge of the nursing service here with the exception of the Children's Department (die "Sauglinksklinik").

In Berlin the Kaiserin Augusta Viktoriahaus, Mollwitz Frankstrasse, Charlottenburg 5, is interesting to nurses. It was built to be an educational center for all kinds of modern hospital and research work concerning infants. Doctors and students from all parts of Germany come to it to study and it has served as a model for similar institutions in other countries. The Rudolf-Virchow-Krankenhaus, No. 65 Augustenburgerplatz, is also well worth seeing although the recent World War was very hard upon it. It was originally built for 1,000 beds but was, within a comparatively short time, enlarged to 3,000.

At present, it is highly complicated for foreigners as well as for Germans to obtain permission to visit municipal institutions. Sister Agnes Karll, President of "die Berufsorganisation der Krankenpflegerinnen Deutschlands," Regensburgerstrasse 28, Berlin 50 W., has kindly offered her and her nurses' assistance to foreign nurses desiring to visit Germany and German institutions. She asks to be informed as early as possible in order to arrange everything in the most satisfactory manner. In Berlin the arrangements will be made through the association itself. Members belonging to the organization will do the same for other cities in Germany, and their addresses are to be obtained by writing to Sister Agnes Karll.

Hungary.—In Buda Pest it is recommended that tourist nurses visit the Hungarian Red Cross Central Home for Nurses and the small

Training School for Hospital and Public Health Nurses.

Debreczen—a university town four hours by train from Buda Pest—has a training school and hospitals which are quite new and up-to-date in every respect.

Nurses especially interested in Public Health work are recommended to visit Miss Giri de Hodossy in Györ, a small country town situated between Vienna and Buda Pest.

Mme. Alice de Ibranyi, Matron of the Nursing Service of the Hungarian Red Cross, Fonokasszony, Györ-Ut 17, Buda Pest, will be glad to be of service to foreign nurses visiting Hungary.

*Esthonia*².—Tallinn (Reval), the capital of Esthonia, a city of 120,000 inhabitants, is reached by boat in four hours from Helsingfors (air trips, by special arrangement, one hour). It has several hospitals but none of them conduct at present a school of nursing. The School Clinics in Bright Strasse are well worth a visit and also the Health Center, 6 Liilvalaiatanav.

Dorpat (Tartii), university city of 42,000 inhabitants, has also a very good Health Center, 6 Weiike-tanav.

Narva (28,000 inhabitants), close to the Russian border, was unusually stricken with typhus in the epidemic of 1920, and a few members of the American Red Cross personnel lost their lives here while ministering to the sufferers. The Central Town Hospital is working in connection with the Health Center doing splendid work. Near Narva is the summer resort, Hungerborg, where the Czar in 1914 was visited by the Kaiser.

Further information can be obtained from: Anna Erma, President of the Esthonian Nurses' Association, Warbelsse tan No. 6, Reval (Tallinn).

Latvia.—Riga, the capital of Latvia, is about sixteen hours by train or four hours by air trip from Reval (Tallinn). Before the war the city had almost 600,000 inhabitants, at

²Most of the health centers found in the Baltic republics were established for child health work by the American Red Cross in 1921-1922. They have been taken over by the State Sanitary Departments in each city. These departments have also taken over several smaller clinics for pre- and post-natal cases established by the British "Save the Children" fund.

present only 300,000. Of special interest to nurses is the University of the Pasteur Institute, different hospitals, a well conducted Health Center, and a leper colony situated a short distance from the city.

Lebau, about one night's journey from Riga, has interesting hospitals and a Health Center. It is one of the best places in the world to buy pretty amber at a very low cost.

Martha Celmin, President of the Latvian Nurses' Association, Latvian Red Cross, Riga,

will be glad to provide further details.

Lithuania.—The trip from Riga in Latvia to the different cities of Lithuania is a constant reminder of the recent War, on account of the ruins passed, the shell holes and dug-outs, both of the latter still providing homes for the inhabitants. Kovno, the capital, has 100,000 inhabitants, while Vilna, the former capital, has 210,000. The hotel accommodations are not particularly good. The State University, a few hospitals, and a Health Center are, however, worth seeing.

SUGGESTED READINGS FOR TRAVEL IN EUROPE

THE WORLD OF TO-DAY. Edited by Sir Harry Johnston and Dr. L. Haden Guest. 1925.

Vol. I.—Europe.

II.—Chapters XVI-XXVIII.

Russia, Finland, the Baltic States, Scandinavia, Germany, Poland, Chekhoslovakia, Austria, Hungary, Yugo-Slavia, Rumania, Bulgaria, Albania, Greece.

IV.—Chapters VII, VIII; Pages 342-448.

*SATCHEL GUIDE TO EUROPE, A. William J. Rolfe, Litt.D. 44th Annual Edition. 1924. Revised and Enlarged by Wm. D. Crockett, Ph.D.

LONDON IN ENGLISH LITERATURE. By Percy H. Boynton. 1914. University of Chicago Press, Chicago.

CATHEDRAL CITIES OF ENGLAND. By George Gilbert. 1905. Dodd, Mead and Company, New York.

*THINGS SEEN IN NORMANDY AND BRITTANY. By Clive Holland. E. P. Dutton and Company, New York.

*SWITZERLAND IN SUMMER. By Will and Carine Cadby. E. P. Dutton and Company, New York.

*THINGS SEEN ON ITALIAN LAKES. By Laura M. Ragg. 1923. Seeley, Service and Company, Ltd., London.

*ROME IN SEVEN DAYS. By Arthur Milton. Robert J. McBride and Company, New York. 1924.

FINLAND TO-DAY. By George Renwick, F.R.G.S. T. Fisher Unwin, London.

FRANCE TO SCANDINAVIA. By Frank G. Carpenter, Litt.D., F.R.G.S. 1923. Doubleday, Page and Company, New York.

HOLLAND. By Nico Jungman and Beatrice Jungman. 1904. Adam and Charles Black, London.

THE ALPS, THE DANUBE AND THE NEAR EAST. Frank G. Carpenter, Litt.D., F.R.G.S. 1924. Doubleday, Page and Company, New York.

FINDING THE WORTHWHILE IN EUROPE. By Albert B. Osborne. Revised and Enlarged Edition for 1923. McBride, Nast and Company, New York.

*Of a convenient size to be slipped into handbag or coat pocket. This list was compiled by Ruth Charles, Research Librarian, Public Library, Mount Vernon, New York.

INSTITUTES AND SUMMER COURSES

Illinois: Chicago.—Nurses wishing to begin or continue their preparation as administrators, instructors or head nurses in schools of nursing and hospitals will be glad to know that courses directly preparing them for this work are offered at the University of Chicago in the Summer Quarter of 1925, June 22 to July 29. Send to the University of Chicago for a Special Bulletin of the course and for a catalogue of the Summer Quarter. A wide selection of courses of the same character, method and credit basis as the regular courses throughout the year makes the University of Chicago one of the best possible places in which to continue study and preparation for work in nursing. The nursing courses at the University of Chicago are being offered at the request of the Illinois League of Nursing Education. Laura R. Logan, Illinois Training School for Nurses, will be Dean of the course.

Iowa: Iowa City.—An institute for hospital superintendents and instructors will be held for two days during May. Blanche Corder, Acting Superintendent, University Hospital, is arranging it. A course for Public Health Nurses will be held during the summer session, June 15 to July 24, offered by the Child Welfare Research Station. Edna L. Foley, Anna M. Drake and Ruth Houlton will conduct courses.

Minnesota: Minneapolis.—The Hennepin County Tuberculosis Association of Minneapolis has joined with the Extension Division of the University of Minnesota in making arrangements for a Nurses' Institute on Tuberculosis to be held at that University, June 15 to 20. While this Institute has been planned primarily for persons not already in the tuberculosis field, enrollment is open to all public health, institutional and private duty nurses. The Institute sessions will dovetail with the sessions of the Nursing Section of the 21st Annual Meeting of the National Tuberculosis Association which is being held

in Minneapolis during the same week. Leaders in the tuberculosis field who will address this Institute include such interesting speakers as Dr. Allen K. Krause, Philip P. Jacobs and Anna Drake. The clinical section of the Nurses' Institute will be held at Glen Lake Sanatorium, near Minneapolis. Any information desired on the Institute may be obtained by writing Eula B. Butzerin, Director of Public Health Nursing Course, University of Minnesota.

New York: New York.—Courses in Public Health and Preventive Medicine are given at Columbia University during the regular Summer Session, July 6 to August 14.

Tennessee: Nashville.—George Peabody College announces the following courses, June 8 to July 16, conducted by Mary C. Wheeler, long the Director of the Illinois Training School for Nurses. Supervision in Hospitals and Schools of Nursing, 5 hours a week, a course intended for supervisors and instructors in hospitals having a school of nursing, taking up general organization of the hospital and the school, their relation, and common problems of administration. It will consider the arrangement of the nurses on the various hospital services and in relation to their studies, and the keeping of records. Teaching in Schools of Nursing, 5 hours a week, taking up the curriculum of the school of nursing adapted to general and special hospitals. It considers primarily the subjects fundamental to the education of the nurse, their presentation, class room management, text- and reference books, notebooks, laboratory work, examinations and the grading of students. Courses in Educational Psychology, General Biology and Principles of Teaching will also be available. Information in regard to entrance requirements, scholarships, etc., may be obtained from Abbie Roberts, Department of Nursing Education, Peabody College. It is to be noted that the total cost of six weeks' work is less than \$100.

NURSING NEWS AND ANNOUNCEMENTS

THE NATIONAL LEAGUE OF NURSING EDUCATION

Thirty-first Annual Convention, Minneapolis (Nicollet Hotel), May 25-30, 1925

PROGRAM

Monday, May 25

8:00 p.m.—Formal Opening Session, Grand Ball Room, Nicollet Hotel.

Invocation: Rev. Philip Osgood, Rector St. Mark's Church, Minneapolis.

Address of Welcome: Dr. Richard Olding Beard, University of Minnesota, Minneapolis.

Response and Address by the President: Laura R. Logan.

Special Concert: Minneapolis Symphony Orchestra, Henri Verbrugge, Conductor.

Tuesday, May 26

9:00 a.m.-12:00 noon—Opening Business Session.

1:30 p.m.-4:00 p.m.—Open Session conducted by the Advisory Council.

Wednesday, May 27

9:30 a.m.-12:00 noon—Morning Session.

General Topic: Inspection of Schools of Nursing.

Speakers: Routine Inspection of Schools of Nursing, Mrs. Alma Scott, Educational Director, State Board of Nurse Examiners, Indiana. Some Conclusions regarding Inspection of Schools of Nursing, Mary E. Gladwin, Educational Director, State Board of Nurse Examiners, Minnesota.

Discussion: Lotus D. Coffman, Ph.D., LL.D., President, University of Minnesota.

2:30 p.m.-4:00 p.m.—Round Table. Teaching Diet Therapy.

Speakers: Russell M. Wilder, Ph.D., M.D., Division of Medicine, Mayo Clinic, Rochester, Minn.

Florence H. Smith, B.S., Department of Nutrition, St. Mary's Hospital, Rochester, Minn.

Discussion: Gene Harrison, Washington University School of Nursing, St. Louis, Mo.

Florence H. Smith, A Summary of Diet in Disease by Means of Case Studies.

4:15 p.m.-5:45 p.m.—Round Table: Communicable Disease Nursing.

Speakers: The Place of Communicable Disease Nursing in the Curriculum, Charlotte Johnson, Superintendent of Nurses, Durand Hospital, Chicago.

The Unit System, Edith B. Wilson, Superintendent of Contagious Department, Los Angeles General Hospital, Los Angeles, Cal.

Discussion: Sarah A. Barry, Superintendent of Nurses, Providence City Hospital, Providence, R. I.

The Need for Instruction in the Nature and Control of Venereal Disease, Lucy Minnigerode, Superintendent of Nurses, United States Public Health Service, Washington, D. C.

The Care of the Tuberculous Patient, Katherine J. Densford, Illinois Training School for Nurses, Chicago.

8:00 p.m.—Evening Session.

Address: The Need for Play, Allan Hoben, Ph.D., President, Teachers' College, Kalamazoo, Mich.

Thursday, May 28

9:30 a.m.-12:00 noon—Instructors' Section.

Speakers: Georgina Lommen, Director Training School, State Teachers College, Moorhead, Minn., Some New Tendencies in Educational Methods.

Bertha Harmer, Assistant Professor Yale School of Nursing, New Haven, Conn., Case Studies.

2:30 p.m.-4:00 p.m.—Open Session conducted by the Education Committee.

Speakers: To What Extent Can Public Health Nursing Be Incorporated in the Undergraduate Curriculum? Amelia Grant, Assistant Professor, Yale School of Nursing, New Haven, Conn.

Preliminary Report on the Place of the Nurse and Nursing Service in the Dispensary, Emilie G. Robson.

4:15 p.m.-5:45 p.m.—Round Table: Summer Courses and Institutes.

Speakers: To be announced.

7:00 p.m.—Banquet.

Friday, May 29

9:30 a.m.-12:00 noon.—Morning Session.

Speakers: Teaching Psychology in Schools of Nursing, Maude B. Muse, Instructor in Nursing Education, Teachers College, Columbia University, New York.

Teaching Sociology in Schools of Nursing, Professor William L. Bailey, Northwestern University, Chicago, Ill.

How the Library Serves the Hospital and School of Nursing, Perri Jones, Librarian, St. Paul Public Library.

2:30 p.m.-5:30 p.m.—Closing Business Session.

Demonstrations in Nursing Procedures will be given from 8:00 a.m. to 9:00 a.m. at the Minneapolis General Hospital on Wednesday, Thursday and Friday.

ARRANGEMENTS

The new Nicollet Hotel has been selected for Headquarters. The hotel is particularly well adapted for taking care of a convention entirely within its walls. The grand ballroom can accommodate 1,000 at a banquet or up to 1,200 in convention. Ample provision is made for registration, and there are many rooms available for conferences, round tables and exhibits. Therefore, all General Sessions and all Round Tables will be held under one roof.

The Nicollet Hotel is located at the Gateway on Washington Avenue, between Hennepin and Nicollet Avenues, within three blocks of both railway stations and the main shopping district of Minneapolis. There is a main dining room and a coffee shop, as well as numerous private dining rooms for group dinners and luncheons. The hotel has 600 rooms all of which are outside rooms, and every room with private or connecting bath. The rates are:

59 rooms at	\$2.00
68 " "	2.50
84 " "	3.00
257 " "	3.50
41 " "	4.00
38 " "	5.00

Suites and special rooms from \$6.00 to \$9.00.

Reservations should be made immediately or at the earliest date possible.

Address all requests to Geo. L. Crocker, Mgr. Nicollet Hotel, Minneapolis.

Nurses who are planning to motor to Minneapolis should communicate with the Minneapolis Tourist Information Bureau, which is directly opposite the hotel. There is a large Service Garage within two short blocks.

As the convention closes on Friday, those who wish to visit the great Medical Center at Rochester may profitably do so on Saturday.

TRANSPORTATION

Important Notice.—A reduction of one and one-half for the round trip on the "Certificate Plan" will apply to members attending the League Convention under the following conditions.

The territory in which the rates apply is covered by the following passenger associations: Southwestern, Trunk Line, Southeastern, Trans-continental; Central, New England, Canadian Eastern and Western lines. For more detailed information apply to local passenger agent.

The following directions should be noted:

1. Tickets at normal one-way tariff fare for the going journey may be bought on any

of the following dates (but not on any other date), May 21-27; from Colorado (except Julesburg which comes under dates of May 21-27), Montana, New Mexico, Utah, Wyoming, Oklahoma and Texas (May 20-26); from Arizona, British Columbia, California, Idaho, Nevada, Oregon and Washington (May 19-25).

2. Be sure when purchasing your going ticket to ask the ticket agent for a Certificate. Do not make the mistake of asking for a receipt. If, however, it is impossible to get a certificate from the local ticket agent, a receipt will be satisfactory and should be secured when ticket is purchased. See that the ticket reads to the point where the convention is to be held and no other. See that your certificate is stamped with the same date as your ticket. Sign your name to the certificate or receipts in ink. Show this to the ticket agent.

3. Call at the railroad station for ticket and certificate at least 30 minutes before departure of train.

4. Certificates are not kept at all stations. Ask your home station whether you can procure certificates and through tickets to the place of meeting. If not, buy a local ticket to nearest point where a certificate and through ticket to place of meeting can be bought.

5. Immediately upon your arrival at the meeting, present your certificate at the transportation desk for endorsement by the National League of Nursing Education representative, as the reduced fare for the return journey will not apply unless you are properly identified as provided for by the certificate.

6. *No refund of fare will be made on account of failure to either obtain a proper certificate, or on account of failure to have the certificates validated.*

7. It must be understood that the reduction for the return journey is not guaranteed, but is contingent on AN ATTENDANCE OF NOT LESS THAN 250 MEMBERS OF THE ORGANIZATION AND DEPENDENT MEMBERS OF THEIR FAMILIES at the meeting holding regularly issued certificates from ticket agents at starting points showing

payment of normal one-way tariff fare of not less than 67 cents on the going trip.

8. If the necessary minimum of 250 regularly issued certificates are presented to the Joint Agent, and your certificate is validated, you will be entitled to a return ticket via the SAME ROUTE as the GOING JOURNEY at one-half of the normal one-way tariff fare from place of meeting to point at which your certificate was issued up to and INCLUDING JUNE 3rd.

9. Return tickets issued at the reduced fare will not be good on any limited train on which such reduced fare transportation is not honored.

Note to members residing in territory where reduced rates do not apply: Purchase tickets to a point in the territory from which the reduction does apply, rebuying and obtaining, at such point, a certificate which would enable you to obtain the benefit of the reduction for that part of the journey.

AMERICAN NURSES' ASSOCIATION

Since the comparative statement of the membership of the State Associations was reported in the April number of the *Journal*, additional members have been added as follows:

Michigan¹, 110, making a total of 2,006.

Ohio, 877, making a total of 2,675.

Texas, 312, making a total of 1,112.

Arizona reports a membership of 63 for 1925, which is a decrease of 7 members.

Porto Rico reports a membership of 35 for 1925 which is a decrease of 21 members.

THE NEW ENGLAND DIVISION OF THE AMERICAN NURSES' ASSOCIATION will hold its biennial meeting in Boston, June 1 and 2.

THE NORTHWEST DIVISION OF THE AMERICAN NURSES' ASSOCIATION will hold its biennial meeting in Boise, Idaho, June 1-3.

NURSES' RELIEF FUND

REPORT FOR MARCH, 1925

Balance on hand, February 28, 1925, \$15,204.39
Interest on bond ----- 340.68

¹ In reporting the membership for Michigan in the April *Journal*, the figures should have been reversed, to read as follows: 1924, 1,725 members; 1925, 1,866 members.

Receipts

Alabama: Dist. 2	57.00
California: Dist. 3, Humboldt Co., \$35; Dist. 5, Los Angeles Co., \$86; Dist. 8, San Diego Co., \$6; Dist. 9, San Francisco Co., \$22; Dist. 21, San Pedro Co., \$5	154.00
District of Columbia: Sibley Memorial Hosp. Alum. Assn., Washington \$30	30.00
Georgia: Davis-Fisher Alumnae Assn., Atlanta	25.00
Illinois: State Assn. of Graduate Nurses	200.00
Indiana: Nurses at National Military Home, Marion, \$32; one individual, \$5	37.00
Kansas: Dist. 5	18.50
Michigan: Dist. 6, \$50; Dist. 10, \$4.50; Battle Creek Sanitarium Alum. Assn., \$2	56.50
New Hampshire: Individual members	4.00
New Jersey: Dist. 1, Elizabeth General Hosp., \$15; Mountainside Hosp., Montclair, \$57; Dist. 2, Paterson General Hosp., \$90; Passaic General Hosp., \$80; Hackensack Hosp., \$22; Christ Hospital, Jersey City, \$25; three members, \$5	294.00
New York: Dist. 1, one individual, \$10; Dist. 2, Highland Hospital Alumnae, \$25; Frederick Ferris Thompson Alumnae, \$10; Dist. 4, one individual, \$2; Dist. 9, Student Body of Albany Hosp., \$30; Dist. 11, \$10; Dist. 13, New York Hospital Alumnae Assn., \$100, also \$250 raised by sales for Fund; Italian Hosp. Alumnae \$6; Park Hospital Nurses' Alumnae Assn., \$25; Post Graduate Hospital students, \$25; Fifth Avenue Hosp. Nurses' Alumnae Assn., \$50; White Plains Hosp. Nurses' Alumnae Assn., \$10; Dist. 14, Bushwick Hosp. Nurses' Alumnae Assn., \$10; one individual, \$1; Mary Immaculate Hosp. Alumnae, Jamaica, \$10	574.00
Ohio: Dist. 12, Grant. Hosp. Alum. Assn., Columbus	50.00

Porto Rico: 33 members of Porto Rico Assn. of Registered Nurses	33.00
Texas: Dist. 6,	64.00
Virginia: Assn. of Reg. Nurses, Norfolk	25.00
Washington: Dist. 9,	15.00
Wisconsin: State Nurses' Assn., \$100; Dist. 8, \$26; Dist. 10, \$40	166.00
	1,803.00
Total receipts	\$17,348.07

Disbursements

Paid to 59 applicants	885.00
Bonds purchased	1,915.00
Accrued interest on bonds purchased	17.24
Postage	30.00
Mimeographing	4.80
Miscellaneous expenses	4.10
Total disbursements	2,856.14
Balance on hand March 31, 1925	14,491.93
Invested funds	83,531.14
Balance in American Nurses' Assn. Nurses' Relief Fund Savings Account	5,000.00
	\$103,023.07

All contributions to the Nurses' Relief Fund should be payable to the Nurses' Relief Fund and sent to the State Chairman; she, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. Requests for leaflets should be sent to the Director at the same address. For application blanks for beneficiaries, and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

THE ISABEL HAMPTON ROBB MEMORIAL FUND

REPORT TO APRIL 10, 1925

Previously acknowledged \$29,409.84

Receipts

California: Dist. 5, Los Angeles, \$10; Dist. 18, Long Beach, \$25	35.00
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33.00
64.00

25.00
15.00

166.00
1,803.00

\$17,348.07

District of Columbia: Graduate Nurses' Assn. -----	25.00
Iowa: St. Joseph's Alumnae, Keokuk -----	5.00
	<hr/> \$29,474.84

The scholarship lists for 1925 closed on May 1st. Awards will be announced in the June *Journal*.

THE McISAAC LOAN FUND

REPORT TO APRIL 10, 1925

Balance, March 7, 1925 -----	\$285.84
<i>Receipts</i>	
California: Dist. 5, Los Angeles, \$10; Dist. 18, Long Beach, \$25 -----	35.00
District of Columbia: Graduate Nurses' Assn. -----	15.00
Iowa: St. Joseph's Alumnae, Keokuk -----	5.00

2,856.14
14,491.93
83,531.14

5,000.00

Balance, April 19, 1925 ----- \$340.84

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

Members of the American Nurses' Association who have booked passage up to the present date to attend the Congress of the International Council of Nurses to be held at Helsingfors, Finland, July 20-25, 1925, are as follows:

Adda Eldredge, President, Madison, Wis.; Clara D. Noyes, Director, Red Cross Nursing Service, Washington, D. C.; Annie W. Goodrich, Dean of the Yale University School for Nurses, New Haven, Conn.; Mrs. Lystra E. Gretter, Counsellor to the Visiting Nurse Association, Detroit, Mich.; Elizabeth G. Fox, Director, Public Health Nursing Service of the American Red Cross, Washington, D. C.

Several of the delegates and a few other members for various reasons are sailing earlier than the "Caronia," amongst whom are:

Isabel M. Stewart, Assistant Professor, Department of Nursing Education, Teachers College, New York; Mary M. Roberts, Editor of the *American Journal of Nursing*; Ada M. Carr, Editor of the *Public Health Nurse*;

Anna C. Maxwell, Director, "emeritus," Presbyterian School for Nurses, New York; Mary S. Gardner, Superintendent, District Nursing Association, Providence, R. I.; Marguerite Wales, Director, Henry Street Settlement Nursing Service, New York; Elsie M. Lawler, Principal of Johns Hopkins School for Nurses, Baltimore, Md.; Susan C. Francis, Superintendent, Children's Hospital, Philadelphia, Pa.; Nina D. Gage and Gertrude Kellogg, returning to China.

Minnie H. Ahrens, Chicago, Ill.; Amy Allison, Philadelphia, Penn.; Janet Allison, Philadelphia, Penn.; Myrtle Applegate, Louisville, Ky.; Nell Bailey, Louisville, Ky.; Corinne M. Barnett, Rochester, N. Y.; M. A. M. Baum, New York City, N. Y.; Bertha Becht, Madison, Wis.; Mabel C. Beeler, Kansas City, Mo.; M. M. Block, Washington, D. C.; Agneta Block, Westfield, N. J.; Helen F. Boyd, Iowa City, Iowa; Mina A. Block, Jersey City, N. J.; Lilla N. Breed, Louisville, Ky.; M. M. Buchanan, Rochester, Minn.; Linna H. Denny, Birmingham, Ala.; Marie Alice Dorvin, Kingsville, Tex.; Miss Dunne, Buffalo, N. Y.; Ida A. Ehman, Chicago, Ill.; Elizabeth Farnsworth, Madera, Cal.; Helen Fitzgerald, Jersey City, N. J.; Roselle Ford, Providence, R. I.; M. Garrihy, Washington, D. C.; Sophia A. Grant, Providence, R. I.; Margherita Grebe, Portchester, N. Y.; Margaret Griffin, Evanston, Ill.; Katharine Griffin, Evanston, Ill.; Celia M. Hanson, Clay Center, Kan.; Helen S. Hartley, Portland, Ore.; Marie F. Henning, Detroit, Mich.; Priscilla Burwell, Cortland, N. Y.; Miss Calvert, Los Angeles, Cal.; Christine Cartier, San Francisco, Cal.; Martha Clever, New York City, N. Y.; Adah L. Hershey, Des Moines, Iowa; Florence Hight, Washington, D. C.; Emma Hight, Washington, D. C.; Charlotte W. Hohlt, Summit, N. J.; S. Hoofnagle, Harrisburg, Penn.; Mrs. E. A. Horton, Ontario, Can.; Esther L. Fitts, Flushing, L. I.; Anna S. Johnson, Minneapolis, Minn.; Effie M. Johnson, Chicago, Ill.; Pauline Kimble, Evansville, Ind.; E. Kurzdorfer, Evansville, Ind.; Edna R. Little, Canonsburg, Penn.; Mrs. H. W. Livingstone, Harrisburg, Penn.; Mrs. Emile Lohr, San Francisco, Cal.; Sarah J. Lowden, Providence, R. I.; E. A. McClarty, Huntington, W. Va.; M. R. McIntyre, Providence, R. I.; Helen McLean, Jasper, Ala.; M. McMichal,

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N. Y.; Deborah Richter, Washington, D. C.; Grace Ross, Detroit, Mich.; T. E. Schulte, Washington, D. C.; Helen Simpson, Portchester, N. Y.; Elsie Schmidt, New York City, N. Y.; Agnes I. Teisberg, St. Paul, Minn.; Ella M. Turner, Washington, D. C.; F. Utterage, Evansville, Ind.; Mrs. T. J. Wal-
thall, San Antonio, Tex.; Elizabeth White, Pt. Huron, Mich., and Chas. E. Williams, Palmyra, Mich.

THE INTERNATIONAL COUNCIL OF NURSES

TENTATIVE PROGRAMME FOR THE CONGRESS AT HELSINGFORS, JULY 20-25, 1925

Registration and Official Information Bureau.

Friday and Saturday, July 17-18, 2-5 p.m.

Monday to Saturday, July 20-25, 9 a.m.-5 p.m.

Monday, July 20, 3 p. m.—Musical Service.

8:00 p. m.—Opening Session: Baroness Sofie Mannerheim, President, presiding.

Address of Welcome: Representative of Helsingfors City Council.

Response: Baroness Sofie Mannerheim.

Address: Representative of the Board of Health of Finland.

Addresses: The Trained Nurses' Part in Peace, Ethel Bedford Fenwick, Founder of the International Council; Greetings from the International Council of Women, Annie Furuhjelm, Member of the Finnish Parliament.

Tuesday, July 21, 10-12 noon: General Session: Baroness Sofie Mannerheim, President, presiding.

Business and Reports.

2:00 p.m.-5:00 p.m.—General Session: Ethel Bedford Fenwick, President of the National Council of Trained Nurses of Great Britain, presiding.

Reports from affiliated and non-affiliated countries.

Reports of the Vice-Presidents of the Council: Ethel Bedford Fenwick (Great Britain), Adda Eldredge (The United States of America), Agnes Karll (Germany), Jean Browne (Canada), Henny Tscherning (Denmark), Baroness Sofie Mannerheim (Finland), M. Verwey Mejan (Holland), G. A. Hodgson (India), Cecilia Todd Smith (New Zealand), read by Janet A. Moore; J. Hellemans (Belgium), Gladys E. Stephenson (China), read by Cora E. Simpson; Egle Pilastrini (Italy), read by Marchesa Irene di Targiani Giunti; Bergliot Larsson (Norway), M. G. Thompson ((South Africa), read by B. G. Alexander.

Reports of the Hon. Vice-Presidents of the Council.

Reports from countries not affiliated.

8 p.m.—General Session: Baroness Sofie Mannerheim, President, presiding.

Introduction of New Affiliated National Organizations.

Representative Nurses appointed as Hon. Vice-President from countries not yet affiliated with the Council.

Greetings by Representatives of the Older National Associations and Pioneers of Nursing: Anna C. Maxwell (The United States of America), Mary A. Snively (Canada), M. Huxley (Great Britain and Ireland), Agnes Karll (Germany).

Lantern slides of nursing in different countries.

Wednesday, July 22, 9:00-10:15 a.m.: Round Tables.—1. Position of the Matron or Superintendent of Nurses. Chairman: G. A. Hodgson, President of the Trained Nurses' Association of India.

2. The Duties and Preparation of Teachers and Supervisors. Chairman: Flora Madeline Shaw, Chairman of the National Section of Nursing Education, Canadian Nurses' Association.

3. Nursing under Government Auspices. Chairman: Iku Todoriki, Representative of the Nursing Service of the Japanese Red Cross.

4. The Nurse in Community Health Work. Chairman: Elizabeth L. Smellie, Chief Superintendent of the Victorian Order of Nurses for Canada.

10:30 a.m.-1 p.m.—General Session: Annie W. Goodrich, Professor and Dean, Yale School of Nursing, Yale University, U. S. A., presiding.

Subject: Administration and Teaching in Schools of Nursing.

A. Report of the Committee on Education of the International Council, M. Adelaide

Nutting, Professor and Director, Department of Nursing Education, Teachers College, New York. Read by Isabel M. Stewart.

B. Adaptation of the Basic Nursing Curriculum to Local Needs, Nina D. Gage, Changsha, China.

Discussion: Ellen Nylander, Finland; Helen L. Bridge, Poland; Alice Reeves, Ireland.

C. The Relationship of the "School of Nursing" to the Hospital, F. Meyboom, Holland.

Discussion: Alice de Ibranyi, Hungary—read by Giridde Hodossy; Elsie M. Lawler, U. S. A.; S. E. Young, Canada.

Afternoon.—Excursions to hospitals and different institutions. Garden party.

8:30 p.m.—Lecture and demonstration with lantern slides on Sir Frederick Truby King's Methods of Child Welfare Work, Jentie B. N. Paterson, representing the Child Welfare Department of New Zealand and the Plunket Society.

Thursday, July 23, 9:00-10:15 a.m.—Round Tables.

1. How Can Lay People Best Coöperate with the Nursing Profession in the Advancement of Nursing Education? Chairman: Marchesa Irene di Targiani Giunti, Italy.

2. University Schools of Nursing. Chairman: Ethel Clarke, U. S. A.

3. New Ideas and Devices in the Nursing Care of the Patient. Chairman: S. Lillian Clayton, U. S. A.

4. Newer Developments in Child Welfare Work. Chairman: Venny Snellman, Helsingfors.

10:30 a.m.-12:30 p.m.—General Session: Jeane Browne, President of the Canadian Nurses' Association, presiding.

Subject: Public Health Nursing.

A. The New Emphasis in Public Health Nursing, Mary S. Gardner, U. S. A.

Discussion: Olympia Torres, Porto Rico. A French Nurse.

B. The Preparation of the Public Health Nurse, Evelyn Walker, France.

Discussion: Maynard Carter, England; Mary Nelson, Turkey; a Swedish Nurse.

C. Types of Organization in Public Health Nursing, Elizabeth G. Fox, U. S. A.

Discussion: Elizabeth L. Smellie, Canada; Venny Snellman, Helsingfors.

2:00 p.m.-5:00 p.m.—General Session: Agnes Karll, President of the German Nurses' Association, presiding.

Subject: Special Fields of Nursing.

A. Private Duty Nursing, Bergliot Larsson, President of the Norwegian Nurses' Association.

Discussion: Isabel Macdonald, London; Minnie Ahrens, U. S. A.

B. Should Nurses Be Encouraged to Take Midwifery Training? An English Nurse.

Discussion: Jentie B. N. Paterson, New Zealand; Mary Breckenridge, U. S. A.

C. What Progress Are We Making in Mental Nursing and Mental Hygiene? Effie J. Taylor, U. S. A.

Discussion: Karin Neuman-Rahn, Helsingfors; Signe Hommerberg, Sweden.

D. Newer Developments in Tuberculosis Nursing, Mlle. Chaptal, France.

Discussion: Alta E. Dines, U. S. A.; a nurse from Switzerland.

8:00 p.m.—Open Meeting: Baroness Sofie Mannerheim, presiding.

Subject: The Nurse's Place in the World's Health Movement.

Addresses: General Mannerheim representing the Finnish Red Cross. Some International Aspects of Nursing Education, Annie W. Goodrich, U. S. A.

A Representative of the Rockefeller Foundation.

Dr. Ludwik Rajchman, Director of the Health Section of the Secretariat of the League of Nations.

A Representative of the League of Red Cross Societies.

Friday, July 24, 9:00-10:15 a.m.—Round Tables.

1. Organization of the Nursing Service of the Red Cross. Chairman: Clara D. Noyes, U. S. A.

2. Text and Reference Books for Nurses. Chairman: Cora E. Simpson, China.

3. How to Start Public Health Nursing in a New Country. Chairman: Cecile Meche-lynek, Belgium.

4. Nursing Economics. Chairman: M. Verwey Mejan, President of the "Nosokomos," (the Dutch Nurses' Association).

10:30 a.m.-12:30 p.m.—General Session: Countess Louise d'Ursel, Secretary of the Belgian Nurses' Association, presiding.

Subject: Nursing Legislation.

A. Recent Progress in Nursing Legislation, Elizabeth C. Burgess, New York.

Discussion: B. G. Alexander, South Africa; M. Berkelbach, v. d. Sprenkel, Holland.

B. The Problem of Reciprocity, Hester Maclean, Editor of "Kai Tiaki," New Zealand.

Discussion: Mlle. Chaptal, President of the French Nurses' Association; an English nurse.

C. Educational Opportunities in the Inspection of Nursing Schools, Kerstin Nordendahl, Sweden.

Discussion: E. MacPherson Dickson, Canada; Adda Eldredge, U. S. A.

4:15 p.m.-5:30 p.m.—Round Tables.

1. How to Interest Young Women in Nursing. Chairman: Katherine Olmsted, Chief, Division of Nursing, League of Red Cross Societies.

2. Professional Ethics. Chairman: Charlotte Munck, Denmark.

3. Subsidiary Groups in Relation to Nursing Service. Chairman: Jean Gunn, Canada.

4. The Nurse in Social Service. Chairman: Meta Kehner, Holland.

5. School Nursing and Health Education in Schools. Chairman: Helen L. Pearse, England.

8:00 p.m.—General Session: J. C. Child, Vice-President (Overseas) of the South African Trained Nurses' Association, presiding.

Subject: Nursing Associations and Publications.

A. Fundamental Principles in Professional Nursing Organizations, Adda Eldredge, President of the American Nurses' Association.

Discussion: Henny Tscherning, Denmark; Rachel C. Torrance, Bulgaria; Grace M. Fairley, Canada.

B. The Aims of a Professional Journal, Margaret Breay, Assistant Editor of the *British Journal of Nursing*.

Discussion: Ada Carr, Editor of *The Public Health Nurse*; H. M. Thacker, Editor of *The Nursing Journal of India*; Margrethe Koch, Editor of the *Tidsskrift for Sygepleje*, Denmark.

C. How To Make a Journal Useful and Attractive, Mary M. Roberts, Editor of *The American Journal of Nursing*.

Discussion: Kyllikki Pohjala, Finland; Ethel I. Johns, Canada.

Saturday, July 25, Morning.—Boat ride.

Afternoon.—Social gathering and farewells from representatives of the five continents. Henny Tscherning, President of the Danish Council of Nurses, presiding.

Representative for Asia, Lillian Wu, Shanghai, China.

Representative for Australia, Janet A. Moore, New Zealand.

Representative for America, Clara D. Noyes, Washington, D. C.

Representative for Africa, B. G. Alexander, Johannesburg, Transvaal.

Representative for Europe, Baroness Sofie Mannerheim, Helsingfors, Finland.

TENTATIVE PROGRAMME FOR THE FIFTH REGULAR MEETING OF THE INTERNATIONAL COUNCIL OF NURSES

Helsingfors, July, 1925

Sunday, July 19, 8:30 p.m.-10:30 p.m.—Executive Committee Meeting.

Monday, July 20, 9:30 a.m.-12 noon.—Executive Committee Meeting.

2:00 p.m.-5:00 p.m.—Grand Council Meeting.

Friday, July 24, 2:00 p.m.-5:00 p.m.—Grand Council Meeting.

Additional meetings of the Executive Committee as well as of the Grand Council will be arranged during and after the Congress, if it is desired.

EXHIBITS

Exhibits from the different countries will be highly appreciated, especially if these are concerned with *Teaching Material for Schools of Nursing* or with matters relating to *Public Health Nursing*. Anything related to *Practical Nursing* and having interest for other countries will also be very welcome.

For the exhibit on *Nursing Magazines* two copies of any 1925 issue of the national nursing journals are requested and also copies of the most prominent magazines of training school leagues, alumnae associations, or schools of nursing.

Each country is asked to send a *small flag* and a *flag-staff* to be placed on the table where its exhibit is to be found.

Kindly send the exhibits in advance of the Congress, so that the material will be in the hands of The Committee on Arrangements, care Kirurgiska Sjukhuset, Helsingfors, Finland, not later than two weeks ahead of the opening of the Congress.

PICTURES FOR LANTERN SLIDES

Tuesday evening, July 21, the Committee on Programme has arranged for lantern slides showing nursing in different countries. Members and friends in the various countries, who have not already done so, are asked to lend ten to twelve slides, photographs, or pictures of moderate size, showing nursing conditions of former times and of the present day. Have all material in the hands of the Secretary of the Council, Miss C. Reimann, not later than Monday evening, July 20, the opening day of the Congress. The address of the Secretary until June 20 will be the same as at present, namely, Teachers College, Columbia University, New York. After that date, until the Congress, in care of Baroness Sofie Mannerheim, Kirurgiska Sjukhuset, Helsingfors, Finland.

PASSPORT VISÉS

The Danish Minister of Foreign Affairs has instructed all Danish representatives abroad to issue passport visés free of charge, valid for transit twice through *Denmark* and sojourn in this country not exceeding one month, on application of nurses who prove being participants in the International Congress at Helsingfors.

The Swedish Government will grant visés free of charge to nurses going from the United States of America to Helsingfors to attend the Congress in case of transit through or temporary visit to *Sweden*.

Visés free of charge for transit through *Norway* will be granted nurses from the United States of America intending to take part in the International Congress at Helsingfors. If any of the nurses would wish to travel as tourists in Norway the usual visé fee will have to be paid.

All nurses desiring passport visés free of charge for the Scandinavian countries are asked to inform Thos. Cook and Sons' Travel Bureau before May 15 of their intention to visit these countries. Nurses who do not have their travel arrangements made through this agency are asked to send their names, addresses and information as to which of the Scandinavian countries they plan to visit, to Miss C. Reimann, Secretary, International Council of Nurses, Teachers College, Columbia University, New York, N. Y.

ARMY NURSE CORPS

During the month of March, 1925, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Benning, Ga., 2nd Lieut. Kathryn C. Hopkins; to Station Hospital, Fort Leavenworth, Kans., 2nd Lieut. Sara F. Kern; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Carolyn Peart, Amelia I. Goodine; to Station Hospital, Fort Riley, Kans., 2nd Lieut. Estella Whitehead; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieuts. Ethel E. Peters, Winifred T. Peterson; to Station Hospital, Fort Sill, Okla., 2nd Lieut. Synneve Y. Eikum; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Flora E. Saxon.

Second Lieut. Amelia P. Boren, previously reported separated from the service, has been re-assigned with station at Fitzsimons General Hospital, Denver, Colo.

Nine 2nd Lieutenants have been admitted to the Corps and assigned to duty.

The following named members of the Corps are under orders for separation from the service: 2nd Lieuts. Frances M. Anderson, Margaret J. Carlin, Marie L. Franey, Laura S. Knotts, Helen B. Lefler, Sara F. Kern, Florence Miller, Esther E. Ransom, Evona M. Shostrom, Elsie M. Smith, Mabel Snieder, Florence Tierney, Nina M. Taylor, Amanda M. Utech.

JULIA C. STIMSON,

Major, Superintendent, Army Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

The following transfers, reinstatements and new assignments have been made in the U. S.

Public Health Service during the month of March, 1925:

Transfers: Mary Shappacher and Hattie Thiedeman, to Boston, Mass.; Elizabeth Delaney to Baltimore, Md.; Anna M. Gartman to New Orleans, La.; Cicely Hunt to Ellis Island, N. Y.

Reinstatements: Martha D. Adams to Baltimore, Md.; Helen P. McCall to Fort Stanton, N. M.; Grace Divine and Lyda J. Donovan to Stapleton, N. Y.

New Assignments: Seven.

LUCY MINNIGERODE,

Superintendent of Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU

It is expected that U. S. Veterans' Hospital No. 102, Livermore, California, will be open for the reception of patients on or about April 15. This hospital is for the care of the tuberculous. The U. S. Veterans' Bureau Advisory Committee of Nurses met with the Medical Director and the Medical Council of the Veterans' Bureau in Washington, D. C., February 27 and 28. There were present at this meeting: Clara D. Noyes, Adda Eldredge, Laura Logan, Major Julia C. Stimson, Elizabeth G. Fox, Harriet Bailey and Lucy Minnigerode. The Advisory Committee of Nurses met at 9:30 a. m. for the opening address of the Director of the Veterans' Bureau, Frank T. Hines, and the Medical Director, Dr. E. O. Crossman. Following these addresses, the Committee retired to a special board room for other deliberations. Clara D. Noyes was elected chairman and Lucy Minnigerode, secretary. During the meeting the questions on the agenda were discussed at length. The

Committee endorsed the proposed legislation of the Veterans' Bureau, which included nurses, placing them on the same basis as the nurses in the Army and Navy. Major Stimson presented the clause in the Navy Nurse Corps bill which placed the Navy on the same basis as the Army, so that this clause might appear in the minutes and be the basis for further legislative action. The following clause from the Act of May 13, 1908, establishing the Navy Nurse Corps is submitted as a basis for this action:

"The Superintendent, Chief Nurses and Nurses shall respectively receive the same pay, allowances, emoluments and privileges, as are now, or may hereafter, be provided by or in pursuance of law for the Nurse Corps (female) of the Army. * * *

Transfers: To Castle Point, N. Y., Mary A. Brogan; to Legion, Tex., Florence H. Kennedy; to Palo Alto, Calif., Minnie Engels, Aurelia Gagnon, Avis M. Soost, Katherine Usher, Bertha A. Morgan, Florence A. McCraig; to Livermore, Calif., Eleanor Alaison, Marie W. Sidley, Mary C. Martineau, Pearl Guynes, Idyllia Reynolds, Margaret Napier, Jessie Riddle, Rose Danah, M. Edith Malsohn, Lisetta Korb, Grace Tillotson, Janet C. Patton, Mae R. Sheehan, Mary Sewall, Louise Knapp, Reva Kelly, Martha West; to The Bronx, N. Y., Alberta J. Cave; to Tupper Lake, N. Y., Mrs. Mary B. Strauss, Rachel Goldgar; to Fort Lyon, Colo., Carolyn Bauerman; to Prescott, Ariz., Mary E. Russell; to Perry Point, Md., Martha Hansom; to Dawson Springs, Ky., Evelyn J. Davis; to Oteen, N. C., Leatha A. Hicke; to West Roxbury, Mass., Harriet A. Rosenbluth; to Boise, Idaho, Lucy G. Waillard; to Fort Bayard, N. M., Fannie Graham, Grace E. Thompson; to Portland, Ore., Bertha I. Adams; to Northampton, Mass., Caroline L. Ross; to Washington, D. C., Lucile D. Kosnick.

MARY A. HICKEY,
Superintendent of Nurses.

CIVIL SERVICE POSITIONS

The United States Civil Service Commission will receive applications for positions of graduate nurse and graduate nurse (visiting duty) in the Indian Service and the Public Health Service until June 30.

Full information and application blanks

may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the board of U. S. civil service examiners at the post office or custom house in any city.

THE AMERICAN ASSOCIATION FOR THE STUDY OF THE FEEBLEMINDED will hold its 49th annual session in Raleigh, N. C., at the Hotel Sir Walter, May 8-11.

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold an examination for the registration of nurses in Montgomery, May 25-26; in Mobile, May 25-26, and in Birmingham, May 26-27. All applications and credentials, with photograph, must be filed with the secretary-treasurer at least fifteen days prior to the date set for the examination. Application blanks may be secured from the Secretary-treasurer, Linna H. Denny, 1808 7th Avenue, N., Birmingham. Kodak pictures will not be accepted.

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION held its seventh annual meeting at the Hotel Adams, Phoenix, March 30, 31. It was a wonderful meeting with a spirit of coöperation and interest from all those in attendance. Guests of the Association were Dorothy Ledyard, Pacific Division, American Red Cross; Elnora Thomson, Child Health Association; Miss Whitney of the Antituberculosis Association; Miss Gregg of the Indian Service, and Mrs. Westover, President of the State Federation of Women's Clubs. Some of the papers presented were: Facial Surgery, Dr. S. I. Bloomhardt; The Narcotic Evil, U. S. Marshall George A. Mauk; Twenty-four and Twelve Hour Duty, Helen Egan, Mrs. Lulu J. Culp; The League of Nursing Education, Margaret Kettlewell; Caring for the Smallpox Situation, Mrs. Blanche M. Gibson; Infantile Paralysis, Ethel Replinger; Scarlet Fever Immunization, Harry L. Carson, M.D.; Public Health Nursing, Beatrice M. Dunlop; The Shepard-Towner Nurse, Mary Kelleher. Addresses by Elnora Thomson and Dorothy Ledyard were most inspiring. On Monday evening the program was in charge of the student nurses of St. Mary's Hospital, Tucson, and of the Deaconess and St. Joseph's hospitals, Phoenix. On Tuesday noon, a luncheon was given at the Deaconess Hospital and the guests were taken through the new hospital. A banquet was given Tuesday

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evening at the Arizona Club. Governor Hunt spoke at the final session, expressing appreciation of the work done by the nursing profession in cooperating with the medical profession. Officers elected are: President, Mrs. Gertrude Russell, Phoenix; vice presidents, Minnie Benson, Tucson, and Ida Colburn, Phoenix; secretary, Bertha Case, Phoenix; treasurer, Margaret Kettlewell, Phoenix.

California: THE CALIFORNIA STATE NURSES' ASSOCIATION will hold its annual meeting in Santa Cruz, June 1-4.

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, May 26, 27, 28, 1925, to examine nurses for a license to work in Colorado. Apply to the Secretary, Louise Perrin, State House, Denver. The bill to abolish and repeal the nurses' law was killed in the Senate when the members voted 24 to 8 to strike out the enacting clause. THE COLORADO STATE GRADUATE NURSES' ASSOCIATION held its twenty-first annual meeting at the Congress Hotel, Pueblo, February 11-13. Wednesday evening was taken over by a meeting of the Advisory Council and Board of Directors, Jessie Stewart, President, presiding. The morning of the 12th was devoted to regular business. The Invocation was given by Rev. Earnest Snider. Frank Hoag, President of the Chamber of Commerce, welcomed the nurses and Miss Stewart gave the response. The afternoon program was arranged by the State League of Nursing Education. Rev. C. Arlon Heydon gave the Invocation. Dr. Hugh T. Gary gave an interesting talk on Woman's Relation to World Peace. Martha M. Russel, Director of Nurses of the Colorado University Hospital, read a paper on The Responsibility of the University to the University School of Nursing. J. F. Keating, Superintendent of Schools of Pueblo, talked on Psychology of Ethics. Sister Mary Alice, St. Mary's Hospital, Pueblo, read a paper on "Ways and Means of Making the Nurses' Three Years of Training More Profitable to Her and Her Hospital. Miss Perrin, Secretary State Board of Nurse Examiners, spoke on The Department of Nurse Registration in Colorado. The Report of the Student Section of the Detroit Convention was given by Emma Maurin, Student Nurse, St. Joseph's Hospital, Denver. The morning of February 13, the Public Health Section

had a most interesting program, with several splendid papers and a demonstration on Home Hygiene given by the Freshmen girls of the High School, showing the splendid work that they are doing in their classes in bed making and bathing the new baby. This was done very well and with such interest. By afternoon the time was getting very short and after a splendid address on Pancreatic Cripples, given by Dr. Constantine Kemper of Denver, the Private Duty Section held a short business meeting. The meeting was then given over to the President and the closing business session was held. About 175 nurses attended and they had a very helpful and pleasant meeting and all decided that the nurses of Pueblo were delightful hostesses.

Connecticut: THE GRADUATE NURSES' ASSOCIATION held a regular meeting in Middletown on March 28. After the business session, Effie J. Taylor, Superintendent of Nurses at the New Haven Hospital, gave a most interesting and instructive paper on Mental Hygiene. A demonstration of wet packs for mental cases followed. After the meeting a delightful social hour, at the Gilman Memorial Home for Nurses, was enjoyed. **New Haven.**—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting in January when the following officers were elected: President, Myrtle Ketchem; vice presidents, Winifred La Fontaine and Jane Collins; secretary, Elizabeth Sanders; treasurer, Cora B. Conklin. A successful dance was given in February to aid the endowment fund.

District of Columbia: Washington.—Insurance and Annuities for Self-Supporting Women was the subject of a very interesting talk given to the members of the League of Nursing Education of the District at the regular meeting held at Georgetown University Hospital, March 27. The business meeting followed, after which the members and guests were entertained by the nurses from the hospital. Mrs. Ella D. Fleming, R.N., has resigned from the Bureau of Education, Department of the Interior, and will henceforth devote her time to the practice of law, in Washington.

Florida: THE FLORIDA STATE EXAMINING BOARD OF NURSES will hold an examination for registration of Graduate Nurses on June 9

and 10, for Licensed Attendants on the 11th, 1925, at the Seminole Hotel, Jacksonville, beginning promptly at 9 o'clock a. m. Application must be filed with the Secretary, Mrs. Louisa B. Benham, Hawthorne, not later than May 15, 1925.

Idaho: THE NORTHWEST SECTION of the American Nurses' Association will hold its biennial meeting in Boise, June 1 and 2, with headquarters at the Chamber of Commerce. It is hoped to have an address from a national speaker. The Northwest Section includes the states—Washington, Oregon, Montana and Idaho.

Indiana: Huntington.—THE FIRST DISTRICT ASSOCIATION held its twenty-ninth regular meeting at the Huntington County Hospital on March 14. Thirty-nine members and two student nurses were present. After adjournment the members were pleasantly entertained at the Nurses' Home. A musical program was rendered by the Student Nurses. Rev. Mr. Clark of Huntington gave an interesting and helpful talk on Good Personality. Refreshments were served by the Huntington Alumnae. The next meeting will be held in Ft. Wayne, May 9.

Iowa: THE IOWA STATE ASSOCIATION OF REGISTERED NURSES will be represented at the International Council meetings at Helsingfors, this summer, by eight members. Adah L. Hershey, President of the State Association, is visiting the Districts from time to time, speaking on Red Cross enrollment, the value of state registration, the importance of membership in nursing organizations, postgraduate work and the *Journal*. The Board of Directors of the State Association met in Des Moines in February; all but three districts were represented. Emma Wilson, who is preparing the history of the state, was present to outline her plans. Esther Jackson, Iowa Lutheran Hospital, Des Moines, has been appointed President of the STATE LEAGUE OF NURSING EDUCATION, succeeding Josephine Creelman, now Mrs. Faville. CHILD HEALTH DAY, May 1, is being celebrated by a radio program about children and in which children participate. **Des Moines.**—THE SEVENTH DISTRICT held a meeting on March 5 at Harris Emery's Tea Rooms. After the business meeting, readings were enjoyed and a talk on

The Ozark Trails by Rev. Clinton Rash. The April meeting of the District was held the evening of the 2nd at the Grant Club with a dinner and program in charge of the Alumnae Association of Mercy Hospital. Miss Doan, Secretary of the Des Moines Associated Charities, gave a talk on social work. Music and impersonations followed. **Dubuque.**—DISTRICT 3 elected officers in January as follows: President, Ann Keller; vice presidents, Mae Ryan, Louise Michel; secretary, Irma Woodward; treasurer, Lucille Ahearn. FINLEY HOSPITAL opened the new Nurses' Home in February. ST. JOSEPH'S MERCY HOSPITAL TRAINING SCHOOL will celebrate its Silver Jubilee in June. The Alumnae held their annual meeting January 6, and elected: President, Mae Ryan; vice president, Margaret Butler; secretary, Hilda Michel; treasurer, Blanche Melvin. **Fort Dodge.**—DISTRICT 8 held its annual meeting in January at St. Joseph's Mercy Hospital. All officers were re-elected. A luncheon was served by the Sisters. Miss Green of St. Joseph's Mercy Hospital is in charge of the obstetrical department after a postgraduate course at the Lying-in Hospital, Chicago. Miss Clark of Green County is doing hospital work in Texas. **Muscatine.**—The new nurses' home of the Benjamin Hershey Memorial Hospital was completed in March and was occupied by the students on March 20. The sum of \$2,065 which had been raised by the Alumnae by bazaars, food sales, dances and excursions, furnished the home very elaborately. On April 3, students and officers were hostesses to the doctors and their families and to the graduate nurses. A play, *Call It a Day*, was given, after which the guests inspected the home, ending with a cafeteria lunch in the kitchenettes. Hospital Day will be observed by the ladies of the Hershey Guild and the Alumnae acting as hostesses to those visiting the hospital during the afternoon and evening.

Louisiana: THE LOUISIANA NURSES' BOARD OF EXAMINERS will hold its next examinations in New Orleans and Shreveport, May 25, 26, 27. For further information, address Julie C. Tebo, Secretary, 27 Cusachs Building, New Orleans.

Maine: THE NEW ENGLAND HEALTH INSTITUTE will hold its third annual meeting in Portland, May 4-9. Seven lectures on Public

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Health Nursing will be given by Mary Gardner of Providence, R. I.

Massachusetts: THE NEW ENGLAND DIVISION OF THE AMERICAN NURSES' ASSOCIATION will hold its biennial meeting in Boston, June 1-3. THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration, June 11 and 12. Application must be filed fourteen days before the examination date. Charles E. Prior, Secretary, State House, Boston.

Boston. — THE MASSACHUSETTS DIETETIC ASSOCIATION will hold a meeting on May 19 at the Boston Art Club, 150 Newbury Street, when Katharine A. Fisher will speak on Opportunities in the Editorial Field for Securing Results in Home Economics Research. The business meeting and dinner of the Association will be held at the Women's City Club, May 26. On March 13 and 14, at the home of Mrs. Lawrence Carteret Fenno, a sale was held for the benefit of "Fairview," the Nurses' Vacation House, at Rowley. The articles for the various tables were solicited by committees made up of representatives from the hospitals in the eastern part of the State. For the second time (the first sale was held March, 1924), the sale was a great success. "Fairview" was made possible for the use of the nurses through the generosity of Mrs. Fenno, who gave the house, the land, and a substantial sum toward its upkeep. Miss Wieck, as hostess, gives just the homey atmosphere needed. The proceeds from the sale are to provide things for which the general house fund cannot be used. The House offers its hospitality to student and graduate nurses at a reasonable rate, \$1 and \$1.50 a day, respectively. Guests may stay for any length of time, up to two weeks, which is the limit set. The only stipulation is that due notice be given either to Miss Wieck or to Grace Cossey, 483 Beacon Street, Boston. Tel. Back Bay 8000. Some of the Alumnae Associations have held their annual meetings at "Fairview," and it is hoped that it will be more and more used for such occasions. "Fairview" does not limit its hospitality to Massachusetts nurses, its latchstring is out for the profession at large. **Holyoke.** — THE WESTERN MASSACHUSETTS INDUSTRIAL NURSES' CLUB held its April meeting on the 16th at the Skinner Coffee House. Herman

Grasselt, of the American Writing Paper Company, spoke on Paper Making, Past and Present, and Ellsworth Phelps, also of the Company, illustrated the talk with a film showing the various processes of the manufacture of paper. **Plymouth.** — JORDAN HOSPITAL graduates are reported as follows: Elizabeth Medara is assistant superintendent of nurses in a hospital in Chico, California; Pauline Smith has a position in Peter Bent Brigham Hospital; Sadie Reilly is doing public health work in Boston; Rowena Ulman is doing operating room work in the Lockport City Hospital, Lockport, N. Y.; Mrs. Myrtle Parks is night supervisor in the Eliot Hospital, Manchester, N. H.; Daisy Pierce is night supervisor and Mrs. E. E. MacDonald, supervisor of contagious work, in the Jordan Hospital. **Tewksbury.** — THE MASSACHUSETTS STATE INFIRMARY ALUMNAE held a meeting on March 5 at the Nurses' Hall, when arrangements were made for the alumnae dance to be held in the Town Hall, May 6. **Westborough.** — THE ALUMNAE OF THE WESTBOROUGH STATE HOSPITAL have collected \$327.81 for their Benefit Fund (inaccurately printed in the March *Journal* as \$27.81).

Michigan: THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants in Lansing, Michigan, June 10 and 11, 1925. Helen de Spelder Moore, Secretary. THE MICHIGAN STATE NURSES' ASSOCIATION will hold its annual meeting in Traverse City, June 24-26. Mrs. Nettie Lou Kennedy of the Traverse City State Hospital is Chairman of the Local Arrangements. The program will take recognition of all the progressive activities in the various fields of nursing. Emily Sargent, Chairman of the Public Health section of the State will have charge of arranging material for the program of that section. Gertrude Lyle, Chairman of the Private Duty section, will have charge of arranging for the Private Duty session. The Local Committee are planning to have as much out-of-door entertainment as possible and will extend the entertainment into Saturday morning, the 27th. **Battle Creek.** — THE BATTLE CREEK DISTRICT held a meeting in the Nurses' Residence, April 8. Dr. W. W. Whitehouse spoke on

Psychology and Sociology. Music and a one-act play were enjoyed. **Detroit.**—THE DETROIT DISTRICT held a meeting on April 3, in the Woman's Hospital, the speaker was Dr. C. Emerson on Dietary in Colitis and Constipation. The meeting of the ST. BARNABAS GUILD FOR NURSES will be held April 13. On April 16, the Guild is to hold an entertainment at the Federation of Women's Clubs Building, at which there will be dancing and other entertainments. The proceeds of this entertainment go towards the salary of the National Secretary as the contribution from the Detroit Chapter. **Flint.**—THE FLINT DISTRICT met in the new Hurley Hospital Nurses' Home, March 10. Dr. Leon Bogart spoke on The Art of Living. A committee of three was appointed to decide on the amount to be presented to the Federated Clubs of the city on their Gift Day. The money will be used for a club house. The District Association is a member of the Federation. A gift will also be made toward the new Nurses' Home. The District decided to accept the financial responsibility for carrying on the Registry which has formerly been supported by the Hurley Hospital Alumnae. The Nurses' Relief Fund will be helped by a contribution of \$1 from each member. A tour of the building followed the business meeting. A special meeting was called for March 16 to discuss changes in the constitution.

Montana: The annual meeting of the MONTANA STATE BOARD OF EXAMINERS OF NURSES will be held at the State Capitol, Helena, June 2 and 3, for the examination of nurses. Frances Friedrichs, Secretary. THE MONTANA STATE ASSOCIATION OF REGISTERED NURSES will hold its annual meeting in Helena, June 4-6.

Nebraska: THE DEPARTMENT OF PUBLIC WELFARE will hold its next regular nurses' examination, May 11, 12 and 13, at the State House, Lincoln, and at the University of Nebraska, College of Medicine, Omaha. For information and application blanks write the Department of Public Welfare, State House, Lincoln, Nebr. **Omaha.**—PAXTON MEMORIAL HOSPITAL ALUMNAE gave a dance at the Elks' Club, February 18, which was a decided success. At the annual meeting officers were elected as follows: President, Florence Nel-

son; vice president, Bernadine Hagerman; secretary-treasurer, Merial Lee Kerschner.

New Hampshire: THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE will hold its annual meeting at Concord, June 10.

Concord.—THE NEW HAMPSHIRE MEMORIAL HOSPITAL ALUMNAE held their annual meeting at the Nurses' Home, March 25. \$250 has been added to the Sick Benefit Fund, making the total over \$700. A delegate was chosen to attend the New England Division meeting. Mrs. Welch was appointed chairman of a committee to meet with other alumnae of the city in making plans for the state meeting. A small contribution was made to the scholarship fund for girls in the Normal School. All members are urged to notify the Sick Committee of illness. A penny collection was taken for the Flower Fund. Officers elected are: President, Rosanna O. Donoghue; vice president, Anna McDerby; secretary, Clara Mitchel; treasurer, Mrs. Edith Camp. THE NEW HAMPSHIRE STATE HOSPITAL ALUMNAE met at the Nurses' Home, March 25. It was decided to have copies of the minutes of the annual meeting sent to out-of-town members. Appreciation was expressed that the training school has been resumed and that Belle Valentine has been appointed Instructor. A delegate was chosen to attend the New England Division meeting. A committee was chosen to meet with other alumnae associations in making plans for the state meeting. \$25 was contributed to the Nurses' Relief Fund, and \$10 to the Red Cross for tornado relief. Officers elected are: President, Eliza Roberts; vice presidents, Mrs. Margaret Desmond and Mary Wilbur; secretary, Margaret Alexander; treasurer, Mrs. Ethelyn Jenkins.

New Jersey: The next examination for certificate of registered nurse will be held Friday, June 19, 9:30 a. m., in the State House, Trenton. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to date of examination. For further information apply to Agnes Keane Fraentzel, 42 Bleeker Street, Newark. THE NEW JERSEY STATE NURSES' ASSOCIATION held its twenty-third annual meeting in Trenton, at the Y. W. C. A., on April 3. The exercises were opened by singing the Star Spangled Banner. A large number of nurses were present

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Student nurses were the guests of their respective alumnae associations. Rev. Samuel G. Welles, Canon of the Social Service of the Diocese of New Jersey made the invocation. The morning session was given to reports of officers and chairmen of the various committees, appointment of tellers and resolutions committee. Mrs. Agnes K. Fraentzel, secretary-treasurer, State Board of Nurse Examiners, reported on the credits and failures in the different subjects of the candidates for the registered nurse. The Relief Fund Chairman, Martha Moore, had sent \$810 to the Nurses' Relief Fund; Mrs. d'Arcy Stephen was the official agent at this meeting for the *American Journal of Nursing* and received many subscriptions by the end of the day. After luncheon the presidents of the six districts were heard from, giving the many activities in their sections. Miss Chetwood gave a descriptive report of the proceedings of the Headquarters Committee. Headquarters with a general secretary will be operated beginning with August of this year. Virginia Chetwood, Hackensack, was elected to serve for two years as president. Hetty Siefert, Newark, was elected for one year as the secretary. The next meeting place is Newark, N. J. At the close of the meeting the Mercer Hospital Alumnae Association of Trenton were hostesses for afternoon tea at the Y. W. C. A. A banquet was given in the evening at the Stacey-Trent Hotel where Effie J. Taylor, of Yale University School of Nursing, was the speaker. After a successful demonstration by the Bureau of Child Hygiene, the following communities in the State have assumed the financial obligation of the Teachers of Child Hygiene: Egg Harbor City, Gloucester City, Clayton, Hopewell Township, New Brunswick, Bonton. The Bureau of Child Hygiene of the State Department of Health will continue the technical supervision. In Gloucester City this is the third salary and in New Brunswick the second. Requests for demonstrations have been received from nine other communities. A course in Infant Hygiene is being given to the mothers in the Clinton Reformatory for Women at Clinton, conducted by Jessie J. Chalmers, district supervisor of Hunterdon County. At the request of the authorities of the Clinton Reformatory it was introduced last year;

twenty-two mothers took instruction and were given a certificate at the termination of the course. It was so enthusiastically received by both those in authority at the Clinton Reformatory and by the mothers themselves that at their request a second class was started. **Paterson.**—Mary E. Smith, who has been for seven years Principal of the School of Nursing of the Paterson General Hospital, was given a reception on March 25 by a group of nurses who wished to express their appreciation of her work and their good wishes for her new position in Cedar Grove. An equipped suit case was presented to her.

New York: Auburn.—The monthly meeting of the AUBURN CITY HOSPITAL NURSES' ALUMNAE ASSOCIATION was held March 27, at the Nurses' Home. Dr. H. D. Chapman gave a very interesting talk on Legislation in regard to the passage of bills affecting nursing as well as the medical profession. The following officers were elected: President, Mrs. Harry S. Bull; vice presidents, Adeline Lauer and Lena Breen; secretary, Rose McCormick; treasurer, Mrs. Chas. Clifford. **Buffalo.**—DISTRICT 1 held its March meeting at the Lafayette Hotel. Dr. Albert P. Sy, of the University of Buffalo, gave a very interesting talk on Foods and Their Values. **Clifton Springs.**—THE CLIFTON SPRINGS SANITARIUM AND CLINIC is to observe National Hospital Day, May 12, with a pageant, The Today of Nursing, given by the School of Nursing. **New York.**—Through the Guild of St. Barnabas, Bishop Manning has extended an invitation to the nurses of New York City to participate in a memorial service to Florence Nightingale and to the nurses who gave their lives in service during the World War. The service will be held in the Cathedral of St. John the Divine on May 17 and the committee in charge of arrangements has invited the nurses of District Fourteen and the members of St. Catherine's Guild, a Catholic organization, to participate. At a dinner at Allerton House on March 26, Mrs. Deborah C. Allee, Chairman of the Nurses' Committee of the Cathedral Drive, announced that two-thirds of the \$10,000 required for a memorial window has been received. Schools of nursing have contributed generously, the School of the Post Graduate Hospital having given \$300. Alumnae Associations are still working, that

of the New York Hospital having given \$900 to date. THE ALUMNAE ASSOCIATION OF THE FIFTH AVENUE HOSPITAL voted at their February meeting to pay the expenses of a Senior Student nurse to the next meeting of the State Association to be held in Albany in the fall. The student is to be selected by the Director of the School. By this action, the Alumnae Association hopes to give the students (through a representative of their own) a better understanding of the importance of belonging to, and working for, the various nursing organizations. THE NURSES' ALUMNAE ASSOCIATION OF THE NEW YORK POST GRADUATE HOSPITAL elected as officers at their annual meeting: President, Jeanie U. Strathie; vice presidents, Eleanor Brown, Matilda G. Rowland, Evelyn Meckes, Nellie Sheehy; secretary, Mrs. Grace Lord McKelvey; treasurer, Mary M. A. Weiss. The New York Post Graduate Medical School and Hospital dedicated its new building on January 22. The speakers were Admiral E. R. Stitt, Dr. Augustus Downing, Dr. Livingston Farrand, Dr. Henry D. Chapin. As a tribute to the most beloved Dr. James F. McKernon, Dean of the Medical School, the building was officially named The James F. McKernon Building. **Rochester.**—THE GENESEE VALLEY NURSES' ASSOCIATION held its March meeting at the Health Bureau. Dr. George W. Goler, Health Officer, gave a most interesting talk on methods of securing immunity from scarlet fever and diphtheria. **Syracuse.**—DISTRICT 4 has formed a Public Health Section, with Jane McCall, chairman. The Alumnae Association of the Good Shepherd Hospital of Syracuse University at its annual meeting elected: President, Gertrude Masterson; vice presidents, Elvira Hoffmire and Nina Kingston; recording secretary, Lulu M. Kio; corresponding secretary, Annagrace Youmans; treasurer, Cassie White. Grace L. Nelson, class of 1921, who was badly injured in an automobile accident, February 28, is still in the Syracuse General Hospital. She has a fracture of the left femur which prevents her removal to her own hospital. On April 24, a card party was given at the home of Miss Kio. The proceeds are for the General Fund of the Association. Everyone reported an unusually good time at the dance given by the Alumnae Association at the Onondaga Hotel, March 21.

North Carolina: THE NORTH CAROLINA STATE NURSES' ASSOCIATION will hold its annual meeting in Asheville, June 2-4. The committee of the North Carolina Nurses' Relief Fund, of which E. A. Kelley is Chairman, announces that the permanent endowment of the Fund has reached the sum of \$9,500. A concerted effort is being made to increase this to \$10,000 and to this end the nurses of that state are each being asked to pledge one day's salary. **Asheville.**—DISTRICT 1 has just made the initial payment on a lot in a desirable part of the city, where it hopes later to erect a club house. The building occupied at present has room for 16 nurses besides large reception rooms. The official registry for nurses is also located there, having 214 names on its roll. Both the club house and registry are under the control of the association.

Ohio: OHIO GRADUATES are reminded that the Ohio State pin is sold, C. O. D. Checks should not be sent in advance. **Cincinnati.**—DISTRICT 8 held a meeting at the Children's Hospital, recently. Delegates were chosen for the State meeting. Gladys Sewell, instructor of pediatric nursing at the Cincinnati General Hospital, gave an interesting talk on The Normal Child. Discussion was led by Elizabeth Pierce. The Public Health Section of the District held a luncheon meeting, April 2, with Miss Felgner as speaker. The following officers were reelected: Chairman, Mary Fisher; vice chairman, Pauline F. Abrams; secretary, Margaret Kaufman. The annual picnic of the Section will be held at Kroger Hills in June. THE JEWISH HOSPITAL ALUMNAE held a social meeting in April. The President was chosen as delegate to the State meeting. **Akron.**—DISTRICT 1 holds its general meetings on the first Tuesday of January, April, July and October, in various cities in the District. The Educational Section meetings precede the general meetings, with a luncheon followed by a round table discussion. The Public Health Section meetings are held on the first Monday of March, June, September and December. It has been impossible as yet to have a Private Duty Section. The membership at present is 164. As a means of recruiting students, 1,300 copies of The Challenge to Young Women have been distributed. Three courses in Parliamentary

Law have been given. The next quarterly meeting will be held in Akron at the Art Institute. Wilbur D. Peat will speak on Art and Mrs. Alfred C. Bahme on Understanding the Foreigner. The Educational Section at their luncheon preceding the meeting will discuss Training School Records and Balancing Reports. **Cleveland.**—Cleveland has had, as guests, two very interesting visitors from London, England. Mrs. Carter, Director of the International Course for Public Health Nurses, and Miss Baggallay, of St. Thomas' Hospital, who have been much interested in the various Public Health activities of the City, gaining new ideas to carry back to their work. The Section of Nursing Education, of District 4, meeting at the Cleveland Nursing Center on February 17, were much interested in hearing of the work of Mrs. Carter and Miss Baggallay, in London. At the March meeting of the Section, Nellie Hawkinson of the Western Reserve University School of Nursing, led the discussion on Curriculum in Schools of Nursing; a most profitable evening was spent. At the April meeting, held on the 8th at the Nursing Center, 2157 Euclid Avenue, the program consisted in the presentation of materials and methods used in teaching the following subjects: Edna Newman, Bacteriology; C. Jeanette Oswald, Anatomy and Physiology; Eva Jansen, Chemistry; Geraldine Rang, Personal Hygiene; Irene Kelly, Discussion of Records. The hostesses were the nursing staff of St. John's Hospital. The members of District 4, at their March meeting, were given a very interesting talk on Diabetes and the Use of Insulin, by Dr. Henry John of the Cleveland Clinic. At the April meeting, held on the 21st, the speakers were Mrs. Helen Green and Marie Wing, who are members of the City Council and who spoke on Civic matters. The Fairview Park Hospital Alumni were hostesses. The Private Duty Section met on April 15. Election of officers was held. Under the auspices of St. Barnabas Guild for Nurses, Mary Hanna, an associate member of the Guild, is giving a series of talks at the Cleveland Nursing Center on the Historical Study of English and American Literature. The group attending these talks is finding them extremely interesting and most instructive. The Guild held a meeting on April 17, with Dean White, the Chaplain, pre-

siding. Professor Jared S. Moore of the Department of Philosophy, Western Reserve University, spoke on Mental Energy and the Subconscious. The Alumnae of the Lakeside School of Nursing, now the three year course of the Western Reserve University School of Nursing, held a Benefit Bridge at the Cleveland Nursing Center, March 21, to raise funds for nurse's relief and scholarship purposes. List of social functions for the month of March of Cleveland City Hospital,—March 17, the Junior Class gave a dance; March 25, Open House Carnival, given by doctors and nurses of the psychopathic department, proceeds to be used for psychopathic patients; March 28, Cleveland City Student basket ball team played Brooklyn Y. W. C. A. basketball team. Score 8 to 28 in favor of Brooklyn. Proceeds to be used for sending a student to the State Convention. On February 23, Dean Francis S. White, of Trinity Cathedral, talked to the nurses on The Master Key to the House Beautiful. **Dayton.**—DISTRICT 10 held its March meeting at Barney Community Center. After dinner, served at the Club House Center, Florence Evans, a social service worker, gave an interesting history of Barney Community and its work. After the talk, the guests were taken through the buildings.

Oklahoma: THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold its semi-annual examinations on June 3 and 4 at the State Capitol. Bess Ross, Secretary, U. S. Veterans Hospital, Muskogee.

Oregon: Portland.—THE NURSES' STUDY CLUB met March 27 and enjoyed a talk on English Literature. THE OREGON LEAGUE OF NURSING EDUCATION had its March meeting at the Central Library. Several important matters were discussed. Mabel Boardman, Secretary of the National American Red Cross, visited the local chapter on March 20. Miss Lynch and Miss Helgeland, Supervisors of the Visiting Nurses' Association, gave talks to the Senior Class of St. Vincent's Nursing School on Pre-natal Care and Child Welfare.

Pennsylvania: THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will hold examinations in Pittsburgh and in Philadelphia on June 6; in Warren and in Wilkes-Barre on June 13. Applications must be in the office, 34 South 17th Street, one

week before the above dates. After October 1, 1925, the office will be located in Harrisburg, Pennsylvania. Roberta M. West, Secretary-treasurer. **Allentown.**—DISTRICT 2 held a meeting at the Allentown Hospital, March 21, with 80 members in attendance from seven towns in the district. After the business meeting and music, the student nurses gave a pageant outlining the history of nursing from Sairey Gamp to the present day. Dr. Robert Schaeffer gave an address on Cancer and Communicable Diseases. A social hour was enjoyed with the Allentown Alumnae as hostesses. The next meeting will be held in Easton on May 16. **Altoona.**—THE ALTOONA HOSPITAL ALUMNAE met on April 2 in the Nurses' Home. A committee was appointed to arrange for the banquet to be given for the graduates some time in May. One of the members was appointed to take subscriptions to the *American Journal of Nursing*, using the commissions earned for the piano fund. A card party for the benefit of the piano fund was held on April 16. **Clearfield.**—THE CLEARFIELD HOSPITAL ALUMNAE ASSOCIATION held a Card Party at the Nurses' Home, February 14, at which they realized \$110 which is to be included in the Endowment Fund. The Association held its annual meeting on April 2, at the Nurses' Home with a good attendance. Officers elected are: President, Grace Brickley; vice presidents, Gertrude Hughes and Mrs. Lyman Stewart; secretary, Orda M. Wilson; treasurer, Mae Cowdrick. The sum of \$500 was made during the year for the Endowment Fund. **Huntingdon.**—DISTRICT 5 held a meeting March 18 at The J. C. Blair Memorial Hospital. After the business meeting, a luncheon was attended by fifty members. Miss Giles, of Philadelphia, gave a talk on the Advantages of Private Duty Nursing. The Private Duty Section had charge of the meeting. **Philadelphia.**—THE NURSES' ALUMNAE ASSOCIATION OF THE HOWARD HOSPITAL held a regular meeting in the Nurses' Home March 5. The meeting was well attended and the 1925 Graduating Class was invited. Helen F. Greaney, National Chairman of the Private Duty Section, was the guest of the occasion and gave a splendid talk on the ethics of private duty nursing. The Entertainment Committee is doing splendid work and is now

planning a dance for the month of April. Monthly card parties are being planned and some have been held that realize neat sums of money, which is turned over to the Savings Fund Account. The Association has contributed \$50 to the Nurses' Relief Fund. **Pittsburgh.**—At the April meeting of the NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL, preparations were made to support the Nurses' Glee Club of the Hospital in the concert to be given at the Carnegie Music Hall, May 11 and to arrange for a banquet and dance, with the graduating class as honor guests, May 15. Commencement Exercises will be held May 14 at the First United Presbyterian Church. The South Side Hospital held commencement exercises for a class of ten on April 2, in the South Side Presbyterian Church. The address was given by Rev. Thomas R. Thoburn; the diplomas were presented by Edward E. Mayer, M.D. A reception was held at the Hospital later. The thirtieth anniversary of the founding of the South Side Hospital's School of Nursing was celebrated April 3, by a banquet at the Hospital under the auspices of the Alumnae Association of the school. One hundred alumnae and present and former officials attended. Mrs. Price Shields of Koppel, organizer and first superintendent of the school was a guest of honor as were the two members of the first graduating class. Speakers at the banquet included Prof. Baird of the University of Pittsburgh, Mrs. Roth, former Superintendent of the Hospital; Jeannette L. Jones, Superintendent of the Hospital; Gertrude L. Heatley, present principal of the School of Nursing, and Thelma M. Caldwell, president of the Alumnae Association.

South Dakota: THE SOUTH DAKOTA STATE ASSOCIATION of Graduate Nurses will hold its annual meeting in Watertown, June 9-11.

Tennessee: The new bill for state registration which would have changed the board of nurse examiners from three doctors and two nurses to two doctors and three nurses was defeated. **Knoxville.**—After a period of reorganization, Rose Z. Van Vort has resigned as Superintendent of the General Hospital. She is succeeded by Montez Wayne, a graduate of the school. Miss Wayne's last position was at the Elizabeth General Hospital,

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Elizabeth, N. J. She has had a course at Teachers College.

Texas: THE TEXAS STATE ASSOCIATION will hold its annual meeting in San Antonio, May 6-8. **Houston.**—DISTRICT 9 will hold a meeting at Root Square on May 7, when student nurses from St. Joseph's Infirmary and the Baptist Hospital will help with the program. On May 13, the Association will entertain all the graduating classes of the city at a banquet at the Rice Hotel.

Virginia: THE VIRGINIA STATE ASSOCIATION will hold its annual meeting in Charlottesville, May 12 and 13. THE VIRGINIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examinations in Charlottesville, June 17, 18 and 19. For further particulars write Ethel M. Smith, Secretary-treasurer, Craigsville. In publishing the names of nurses holding certificates entitling them to practice in Virginia during 1924, the name of Martha Oakes, Joint Health Department, Charlottesville, graduate of Protestant Hospital, Norfolk, was inadvertently omitted. **Richmond.**—THE STUART CIRCLE HOSPITAL SCHOOL OF NURSING held commencement exercises for a class of 14 on May 11 at the First English Lutheran Church. A reception followed at the Hospital. The baccalaureate sermon was preached on May 10 by Rev. John J. Scherer, Jr.

Washington: THE WASHINGTON STATE ASSOCIATION will hold its annual meeting in Walla Walla, May 27-29.

Wisconsin: The next WISCONSIN STATE BOARD EXAMINATIONS are to be held in Milwaukee, seventh floor of the City Service Rooms, and in Ashland, May 19, 20 and 21. Adda Eldredge, Director, Bureau of Nursing Education. THE FOURTH AND FIFTH DISTRICT, Milwaukee, held its monthly meeting, March 10. Mrs. Milton Grien, Chairman of Home Economics Department of the Wisconsin State Federation of Women's Clubs, gave an interesting talk which was followed by a discussion on a budget system for nurses. South Side Hospital Alumnae entertained. A very happy reunion dinner, for which Marion Rottman was responsible, was held by the graduates of the Wisconsin Training School for Nurses in March. Dr. Lucy A. Bannister, the first Superintendent of the School, was

the honored guest. The graduates attending were Mdms. Bradshaw, Gladwin, Johnson and Feeney, Misses Pakenham, Getts, Hyle and Rottman. Doctor Bannister is now Physician in Chief of the Westinghouse plants of the United States. The annual meeting of the LUTHERAN HOSPITAL ALUMNAE ASSOCIATION of LaCrosse was held February 28, at the new nurses' home. Business meeting was held from 2 to 3. Following are the new officers: President, Edna Semmingson; secretary, Elizabeth Regedahl; treasurer, Edna Miller. Tea followed in the sun parlor and a banquet in the evening which 45 members attended. The Seventh District met at the LaCrosse Hospital Nurses' Home, March 4. The senior classes of the various hospitals attended. Dr. W. E. Browning, of Caledonia, Minnesota, representing the American Society for the Control of Cancer gave a very instructive paper. After the business meeting the LaCrosse Hospital Nurses were hostesses. The Ninth District met at the Bellin Hospital, March 27. The paper on Tuberculosis and Treatment by Doctor Steinway was much enjoyed. Five dollars was collected for the Nurses' Relief Fund. A social hour followed.

Wyoming: THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold examination for registration of nurses at the State Capitol Building, Cheyenne, June 8, 9, 10, applications to be filed with the Secretary by May 15. Mrs. H. C. Olsen, Secretary, 3122 Warren Avenue, Cheyenne. THE WYOMING STATE NURSES' ASSOCIATION will hold its annual meeting in Casper, June 4 and 5.

MARRIAGES

Catherine Barrett (class of 1921, Litchfield County Hospital, Winsted, Conn.), to Wilfred Roy, February 22. At home, Winsted.

Nell Jane Bohannon (class of 1922, Highpoint, N. C.), to Edwin Wells, March 8. At home, Asheville.

Rose Dowd (class of 1923, Massachusetts State Infirmary, Tewksbury, Mass.), to Thomas Noonan, in February. At home, Lowell, Mass.

Julia Ford (Mercy Hospital, Des Moines, Ia.), to Mr. Condon, in March. At home, Barnum, Iowa.

Gladys Gearhart (class of 1920, Farrand

Training School, Detroit, Mich.), to O. C. Trask, April 12.

Violet Grove (class of 1923, J. C. Blair Memorial Hospital, Huntingdon, Pa.), to Dewey Hall, February 3.

Winnifred Hammersley (class of 1924, Massachusetts State Infirmary, Tewksbury, Mass.), to John Hohenberger, February 15. At home, Bridgewater, Mass.

Susie T. Hancock (class of 1917, Stetson Hospital, Philadelphia), to William Henry Owens, Jr., U. S. N., February 4. At home, San Diego, California.

Madge Harder (class of 1920, Paxton Memorial Hospital, Omaha, Neb.), to Arthur Zimmerman, February 28. At home, Chicago, Ill.

Gertrude Elizabeth Hebb (class of 1921, Massachusetts State Infirmary, Tewksbury, Mass.), to Paul P. Parsons, March 14. At home, Santa Cruz, Calif.

Jessie MacDonald (class of 1924, Wesley Memorial Hospital, Chicago, Ill.), to Leslie Bean, March 20. At home, Chicago.

Gladys Marshall (class of 1920, Hospital of the Good Shepherd, Syracuse, N. Y.), to Edward Moran, in February. At home, Buffalo, N. Y.

Anna Munch (class of 1925, Mercy Hospital, Council Bluffs, Iowa), to Carl Eckert, February 12. At home, Lincoln, Neb.

Ester Ogeson (Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa), to Peter Bamesberger, April 4. At home, Minden, Ia.

Estelle Sumner (class of 1915, Wesley Memorial Hospital, Atlanta, Ga.), to Thomas L. Cardwell, March 5. At home, Lakeland, Fla.

Charlotte Vaughan (class 1917, J. B. Blair Memorial Hospital, Huntingdon, Pa.), to Fred Lowther, March 6.

Anna Wheeler (Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa), to F. J. Lainson, March 22. At home, Council Bluffs.

Effie Yost (St. Vincent's Hospital, Portland, Ore.), to R. S. Smithline, March 6.

DEATHS

Kathryn Bell (class of 1900, Hahnemann Hospital, New York City), on March 5, at the Fifth Avenue Hospital, after a short illness. Miss Bell was, for a number of years, resident nurse at the House of Detention,

Philadelphia, and at one time she was in charge of the nursing department of the Home for the Aged in New York. She was a charter member of her Alumnae Association. She has left many friends who feel that her death is indeed a loss to the profession.

Helen G. Fairbanks (class of 1887, New England Training School, Boston, Mass.), on March 20, at Danville, Ill., after several months' illness. Miss Fairbanks served during the Spanish American War, in the United States and in the Philippines; later in Civil Service in Panama, while the canal was building.

Margaret Ferguson (class of 1901, Boston City Hospital, Boston, Mass.), on March 29, at Biltmore, N. C., following a long and painful illness. Miss Ferguson was a native of Scotland and a highly cultured woman. Being of a hardy race, her wonderful endurance and vitality were marvels to all who came in contact with her. She was a Red Cross nurse, a member of her alumnae association, and was registered in several states. She went to North Carolina in 1920, and was interested in private duty and institutional nursing. After taking a Public Health Course at Columbia University, she nursed for several years in New York state and also in Alabama. Burial was at Boston, Mass.

Edith May Fitzsimmons (class of 1910, Lawrence General Hospital, Lawrence, Mass.), in Andover, Mass., on February 20, of tuberculosis, after a long illness. Miss Fitzsimmons had engaged in private nursing and graduate duty at the Barr Sanitarium, Methuen, Mass., until failing health compelled her to give up her work. She was of a bright and courageous disposition, keeping up hope till the last. Burial was at Ottawa, Can. Many will miss her.

Robert Earle Hakes (class of 1909, of the Boston City Hospital), on February 19, of bronchial pneumonia following an operation for appendicitis. Mr. Hakes married Lillian Mayfield MacCabe, also of the City Hospital, in 1910. He did private duty nursing until his illness, and was highly esteemed and liked by his patients and all who knew him, a splendid nurse! His death is a great loss to his profession and is felt by his many friends and associates.

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Hospital, Reading, Pa.). During the World War, Mrs. Hartgen served at Camp Johnson, near Jacksonville, Fla., and continued her service at a government hospital for wounded and disabled soldiers at Carlisle, Pa., after the war. She also served as industrial nurse at the Carpenter Steel Co.'s plant. She will be greatly missed.

Mrs. Raymond Campbell (Lillian House, class of 1908, Lawrence General Hospital, Lawrence, Mass.), on March 10 at the Homeopathic Hospital, Boston. After graduation Mrs. Campbell was engaged in private duty in Lawrence, where she has a host of friends. A delegation from the Alumnae Association attended the funeral services.

Mrs. Eleonore A. Johnston (Reading Hospital, Reading, Pa.), on March 17, at Reading Hospital, where some hours before, she became a mother. Her baby did not live.

Mrs. Henry Stillwell (Agusta Jones, Burlington, Iowa), on February 5, at the Burlington Hospital. For twelve years Mrs. Stillwell was engaged in visiting nursing in Burlington. Her work has been of great value in the community and she will be missed by her many friends.

Kathryn MacGown (class of 1922, Lawrence General Hospital, Lawrence, Mass.), on February 25, at her home in Lawrence, after a year's illness. Following her graduation, until she was taken ill, Miss MacGown did private duty. All remember her for her pleasant, happy manner.

Irma McCullough (class of 1920, Allegheny General Hospital, Pittsburgh, Pa.), at the Allegheny General Hospital, following an operation. For some time, Miss McCullough's physical condition had prevented her from following her profession as closely as she desired and she had hoped an operation would restore her health. Her duties as a nurse were always well performed and her loving disposition made friends everywhere to mourn her loss.

Mary Gladys Meyers (class of 1918, Massachusetts State Infirmary, Tewksbury, Mass.), on March 30, in Boston, after a long illness.

Florence Moyer (class of 1914, Reading Hospital, Reading, Pa.), of heart disease. Miss Moyer was office nurse at the Reading Hospital and had been on duty the day of

her death. She was an active worker in the Alumnae Association which she had served as president. She had many friends.

Sister Mary Gregory (Helen O'Brien, class of 1921, St. Francis Hospital, Hartford, Conn.), on March 22, of pneumonia. After her graduation Miss O'Brien was retained for two years in the Physiotherapy Department of the hospital, where she became quite proficient. She entered the novitiate of the Sisters of St. Joseph of Hartford. Last September she returned to St. Francis Hospital where she was placed in charge of the Physiotherapy Department. Sister Mary Gregory was highly esteemed for devotedness and sweet spirit of charity.

Mrs. Rose Plante Patterson (class of 1915, Lawrence General Hospital, Lawrence, Mass.), in September, 1924, in Denver, of tuberculosis. Previous to her marriage Mrs. Patterson was engaged in private duty nursing.

Mrs. Dieterle (Florence Philipp, class of 1917, Milwaukee Hospital, Milwaukee, Wis.), on March 26, of pneumonia. Mrs. Dieterle served at Camp Sherman for several months during the war.

Mrs. Margaret Blyler Powell (class of 1911, Reading Hospital, Reading, Pa.), at her home in Rochester, N. Y. During the war, Mrs. Powell served in a southern cantonment. Prior to the war she served on the Nursing Staff of the Pennsylvania State Health Department, also as a school nurse. Mrs. Powell had many friends and will be greatly missed.

Carrie M. Toothaker (class of 1920, Children's Hospital, Portland, Me.), on March 25, at the State Street Hospital, Portland, following a long illness of typhoid fever. Miss Toothaker leaves a wide circle of friends to whom she endeared herself by her beautiful character and lovable personality. She was an active member of her Alumnae Association and will be greatly missed.

Elizabeth Tuttle (the first graduate of the School for Nurses of the Massachusetts General Hospital, Boston, Mass.), on April 11, in the Methodist Episcopal Hospital, Brooklyn, N. Y. Miss Tuttle was one of the best known nurses in this country, having devoted nearly sixty years of her life to her profession. Burial was in Brookline, Mass.

BOOK REVIEWS

APPLIED CHEMISTRY FOR NURSES. By Stella Goostray and Water G. Karr, M.S. 231 pages. The Macmillan Company, New York. Price, \$1.75.

A book of this type should have wide recognition in schools of nursing, especially in those whose conditions necessitate a restricted and compact theoretical training. The book is compact and, as its title indicates, deals with the application of chemistry to nursing. It is practical and the instruction simple, while the procedures are, of course, limited to the requirements of those pupils who have had little or no previous chemistry instruction. The laboratory experiments have been well chosen, not only to show the relationship of chemistry to the physiological processes of the body, but also to illustrate fundamental principles of chemistry as a distinct science. The review questions are likewise extremely fortunate in stimulating the practical application of general chemical principles.

The authors, of course, labor under the disadvantages of all who attempt to condense a great volume of material,—the danger of eliminating so much that the student may not grasp the salient points. Available reference books, and a competent instructor should settle the difficulty here.

BERNICE WITTMAN, B.S., R.N.,
Evanston, Ill.

OPERATIVE SURGERY. By J. Shelton Horsley, M. D. Illustrated. 784 pages. Second Edition. The C. V. Mosby Company, St. Louis. Price \$12.50.

HEALTH SERIES. "CHARTS HELP IN TEACHING GOOD HEALTH HABITS." Twelve charts, 11 x 14 inches, on heavy cardboard. Association for Improving the Condition of the Poor, 105 East 22nd Street, New York City. Price, \$2.

An unusually attractive series of charts in black and white, illustrating the following subjects: A quart of milk a day, Clean hands and faces, Eat plenty of dark bread and cereals, Play in the fresh air, I strike hard for vegetables, Even bunny eats vegetables every day, Posture, Give fruit to children, Brush teeth twice a day, Bedtime, Be a sport, take two baths a week, Sleeping in the fresh air.

HELPS FOR THE RURAL SCHOOL NURSE.

By Harriett Wedgwood, formerly junior specialist in school hygiene, U. S. Bureau of Education, and Hazel Wedgwood, formerly chief nurse, Division of Child Hygiene, Maryland State Department of Health, Health Education No. 17, Bureau of Education, 1924, Washington, D. C. 54 pp.

The subjects covered in the pamphlet include: The nurse's program, coöperation between nurse and teacher, the amount of preparation needed and where to obtain it, and lists of sources of helpful material for school nurses.

ANNUAL REPORT OF THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE OF THE UNITED STATES FOR THE FISCAL YEAR, 1924. Illustrated. 310 pages. Treasury Department Document No. 2943, Public Health Service.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christiane Reimann, Whittier Hall, Teachers College, New York.

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M. ADELAIDE NUTTING

"Then, in such hour of need
Of your fainting, dispirited race,
Ye like angels appear,
Radiant with ardor divine.
Beacons of hope, ye appear!
Languor is not in your heart,
Weakness is not in your word,
Weariness is not on your brow.
Ye alight in our van! At your voice,
Panic, despair, flee away.

"Ye move through the ranks, recall
The stragglers, refresh the outworn,
Praise, re-inspire the brave.
Order, courage, return;
Eyes rekindling, and prayers,
Follow your steps as ye go.
Ye fill up the gaps in our files,
Strengthen the wavering line,
Stablish, continue our march,
On, to the bound of the waste,
On, to the City of God."

—*Rugby Chapel, by Matthew Arnold.*

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THE AMERICAN JOURNAL OF NURSING

VOL. XXV

JUNE, 1925

No. 6

M. ADELAIDE NUTTING

AS KNOWN BY FRIENDS, STUDENTS AND CO-WORKERS

I

BY JAMES E. RUSSELL
Dean, Teachers College

WHATEVER TEACHERS College has been able to contribute to the nursing profession is due in the first instance to Mrs. Hunter Robb and Miss Nutting. They first brought to my attention the deplorable state, educationally considered, in which even the best of training schools found themselves twenty-five years ago. They made clear to me the possibility of advancement through better teaching, and they dared Teachers College to undertake the task of providing better teachers for schools of nursing. On the principle that we could afford to try almost any project once, I yielded to the blandishments of these representatives of the nursing profession. As I recall it, the agreement was that Teachers College would admit annually six students who

should be selected by the officers of the American Association of Superintendents of Training Schools for Nurses. At

RICH ARE the stores of wisdom which Miss Nutting will continue to pour out to her profession, but it is fitting that, with the severance of her official connection with Teachers College as teacher and administrator, some acknowledgment of the indebtedness of the nursing profession should be set down for posterity. Those who have written the following appreciations of her remarkable influence are well aware that time alone can give the proper perspective for the evaluation of a great life and they know, too, that the figure of Miss Nutting is one which will increase in stature with the years.

any rate, the organization had a most formidable name — presumably thus insuring proper selection of candidates — and the admission of students was limited to the number that the College might receive without disturbing its equilibrium.

Looking backward over the years that have intervened, one may well ask what force has been working to increase the enrollment, scope and influence of this depart-

ment. In number, the enrollment has grown from six to almost as many hundreds in a year; the scope of the work has increased to include not only the training of teachers of nurses, but also the whole educational program of the